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Five-Year Evaluation of UNAIDS

At its seventh meeting in December 1998, the Programme Coordinating Board endorsed the framework and plan for monitoring and evaluation of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which included an evaluation of UNAIDS in 2001, five years after its establishment. The Final Report of the Five-Year Evaluation of UNAIDS, prepared by the contracted Evaluation Team, is herewith attached. Annex 1 contains the letter of submission from the Evaluation Team Leader; annex 2, the appraisal of the Final Report by the Evaluation Supervisory Panel; and annex 3, the UNAIDS' response to the Evaluation.

Five-year Evaluation of UNAIDS

Final Report

8th October 2002

List of Abbreviations and Acronyms

ACT	AIDS Campaign Team
ART	Antiretroviral therapy
ARV	Antiretroviral
ASEAN	Association of South East Asia Nations
ATFOA	ASEAN Taskforce on AIDS
AZT	Azidothymidine
BPC	Best practices collection
CARICOM	Caribbean Community
CBO	Community based organisation
CCA	Common Country Assessment of the UN System
CCM	Country Coordinating Mechanism (for the GFATM)
CCO	Committee of Cosponsoring Organisations of UNAIDS
CDC	Centers for Disease Control and Prevention
CDF	Comprehensive Development Framework
CERPOD	Centre d'Etudes et de Recherche sur la Population pour le Developpement
CGIAR	Consultative Group for International Agricultural Research
CIS	Commonwealth of Independent States (of the former Soviet Union)
CONACE	Secretariat for Illicit Drugs and Narcotrafic in Chile
Cosponsors	UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO, World Bank, ILO from 2001
CPA	Country Programme Advisor (UNAIDS)
CRIS	Country Response Information System
CSW	Commercial sex worker
CTG	UN Country Theme Group
DAC	Development Assistance Committee of the OECD
DFID	Department for International Development
EC	European Commission
ECOSOC	Economic and Social Council of the United Nations
EPI	Expanded Programme of Immunization
ESAR	East and Southern Africa
ESP	Evaluation Supervisory Panel for the Five-Year Evaluation of UNAIDS
ET	Evaluation team for the Five-Year Evaluation of UNAIDS
GAVI	Global Alliance for Vaccine and Immunization
GEF	Global Environment Facility
GFATM	Global Fund to Fight AIDS, TB and Malaria
GNP+	Global Network of PLWHA
GPA	WHO Global Programme on AIDS
GTZ	Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation)
HAART	Highly active anti-retroviral therapy
HQ	Headquarters
IATT	Inter Agency Task Team
ICASA	International Conference on AIDS and STIs in Africa
ICPA	Inter-country Programme Advisor of UNAIDS
ICPD	International Conference on Population and Development
ICT	Inter country team (UNAIDS Secretariat)
IDU	Injecting drug users
ILO	International Labour Office
IPAA	International Programme for Aids in Africa
IWP	Integrated UN workplan
KIT	Royal Tropical Institute (Netherlands)
LSHTM	London School of Hygiene and Tropical Medicine
M&E	Monitoring & Evaluation
MAP	Multi-country HIV/AIDS Program (supported by the World Bank)
MERCOSUR	Common Market of the South
MERG	Monitoring and Evaluation Reference Group of UNAIDS

Five-year Evaluation of UNAIDS
Final Report

MoE	Ministry of Education
MoH	Ministry of Health
MOU	Memorandum of Understanding
MSF	Medecins Sans Frontieres
MSM	Men who have sex with men
MST	Management Support Team to the ESP
MTCT	Mother to child transmission
NACO	National Aids Coordination Office
NAP	National Aids Programme
NAS	National AIDS Strategy
NGO	Non-governmental organisation
NL	The Netherlands
Oblast	Region (in Ukraine)
OCF	Onchocerciasis Control Programme
ODA	Official Development Assistance
OECD/DAC	Development Assistance Committee of the Organisation for Economic Cooperation and Development
PAF	Programme Acceleration Funds
PCB	Programme Coordinating Board of UNAIDS
PLWHA	People living with HIV/AIDS
PRSP	Poverty reduction strategy paper
RC	UN Resident Coordinator
RFP	Request for proposals
SADC	Southern Africa Development Community
SCF	Save the Children Fund
SEDRONAR	Secretariat for Illicit Drugs and Narcotrafic in Argentina
SPDF	Special Programme Development Funds
STI/STD	Sexually transmitted infection/disease
SWAP	Sector-wide approach
SWOT	Strengths, weaknesses, opportunities, threats analysis (a management tool)
TDR	Tropical Disease Research Programme of the WHO
TND	Technical Network Development
UBW	Unified budget and workplan of UNAIDS
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDCP	United Nations Drug Control Programme
UNDG	UN Development Group
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session, in particular for AIDS in June 2001
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Programme Services
UNSSP	United Nations System Strategic Plan
UNTG	United Nations Theme Group
URL	Universal resource locator (internet address)
USAID	United States Agency for International Development
VCT	Voluntary and confidential counselling and testing
WB	World Bank
WHO	World Health Organisation

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This report and the associated Background Papers and Country Working Papers are the responsibility of the core evaluation team. Joanne Harnmeijer undertook the analysis of advocacy, Background Paper A and the countries Mozambique and Ukraine. Georges Tiendrebeogo wrote the analysis of information and capacity building, Background Paper B and the countries Trinidad & Tobago, Eritrea and Burkina Faso. Derek Poate was team leader, main author of the Draft Final Report, of Background Paper C and the countries India, Argentina and Chile. Ralf Maurer was responsible for the analysis of management and governance, and Background Paper D. The core team produced the Namibia Country Working Paper jointly.

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A stakeholder workshop held in Geneva on 12th and 13th September 2002 provided a valuable opportunity to discuss the content, conclusions and recommendations of a draft version of the report. The authors have edited this final version to reflect the diverse contributions without giving undue prominence to any one viewpoint.

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Background papers (Available separately)

- A Advocacy for increased awareness and commitment
- B Information to extend capacity and knowledge
- C Coordination and better use of resources
- D Organisation, management and governance of the joint programme

Executive Summary

1. This report presents the findings, conclusions and recommendations of an evaluation into the performance of the United Nations Joint Programme on HIV/AIDS - UNAIDS. The purpose of the evaluation is to assess the extent to which UNAIDS has met expectations in terms of increasing attention to the social, economic and developmental issues associated with the spread of HIV and strengthening interagency collaboration in response to the challenge. A full statement of purpose is given in Box 1, paragraph 1.2. Details of the methodology are in Annex 1.

2. Any assessment of UNAIDS must take into account the challenge posed by this complex disease. It addresses the most private and sensitive of human behaviour, national governments differ greatly in their readiness to recognize and address the issue, poverty and lack of infrastructure mark the most seriously affected countries, and the response required is more complex than for other diseases in that it requires action through all aspects of society, not just health. This situation has to be kept in mind in assessing the achievements and shortcomings of UNAIDS in its first five years.

UNAIDS

3. UNAIDS was formed as the successor to the WHO Global Programme on AIDS (GPA), following an external review in 1992 which concluded that improved collaboration among UN agencies was needed. The expectations following from that review were that the new programme would overcome problems of the response at national level and provide a better service to governments by the UN system agencies. Findings from the GPA evaluation are described in Chapter 2 and summarised in Annex 2.

4. The programme was designed with goals set by ECOSOC and a global structure of six cosponsors working through a Committee of Cosponsoring Organisations (CCO), governed by a Programme Coordinating Board (PCB), and supported by a Secretariat. The Memorandum of Understanding for UNAIDS made provision for coordinated UN system action at country level, but the main mechanism chosen was the untested UN Theme Group. Greater attention was given to arrangements at global level for technical harmonisation, accountability and unified fund-raising. There is no comparable mechanism to the PCB for accountability at national level. A combination of overlapping cosponsor mandates, hard-to-understand role of the joint programme and lack of accountability at country level meant that the joint programme was least-well designed in precisely that area of operations where the need was greatest to provide a better service than the GPA.

5. UNAIDS means different things to different people: the combined effort of the United Nations system on HIV/AIDS, including all global, regional and country activities; the common activities of the UNAIDS partners; or an institution, the Geneva-based Secretariat of UNAIDS with its country outposts. Usage is not consistent. This is a problem because the ambitions of the UNAIDS programme are more closely associated with the most comprehensive definition, whereas perceptions of UNAIDS are typically of the Secretariat and its outposts at country level. This confusion was compounded by a set of concepts including expanded response, multisectoral approach

and coordination that were imprecise and open to varied interpretation. The design and expectations created a significant institutional burden for the programme.

6 At the outset, UNAIDS was a joint programme in name only. The cosponsors were unenthusiastic, and despite advance notice from 1993 that the GPA would be replaced, took little action to establish real capacity until two or more years after the programme started. Financial arrangements brought cosponsors neither benefits in the form of extra funds, nor their support through commitments to fund. In that sense, the word cosponsor is a complete misnomer. But efforts by the Secretariat have ultimately borne fruit, with a global strategy that is owned jointly by the cosponsors.

Global agenda

7 UNAIDS has worked to forge a global agenda on HIV/AIDS, reaching beyond the United Nations agencies to all sectors of global society, described in paragraphs 4.1 to 4.20. It has sought a global consensus on policy and programme approaches to fight HIV/AIDS, and acceptance by development agencies and civil society organisations of common programming approaches. Both these aspects have largely been successful, although it is too early to say that public political commitments have been translated into effective action. Where they have succeeded, though only in the very recent past, has been in securing more finance from OECD donors.

Progress at country level

8 Joint ownership has come slowly at global level, but there are good signs it is starting to be effective. By contrast, joint working was more visible early on at country level, but has not lived up to expectations. Details can be found in paragraphs 4.21 to 4.34. The presence and quality of the Country Programme Advisers brings focus to the joint programme. UN Resident Coordinators and theme group chairs strongly endorse the need for CPA-type support, not least to promote joint working. UN theme groups for HIV/AIDS have worked quite well, as a means of stimulating inclusiveness and ownership. In the best examples there is a process of transition: from UN Theme Group to Expanded Theme Group; leading to a Partnership Forum under national management, with the UN reverting to a UN-only Theme Group. The primary achievement of most theme groups has been to support government in developing a national strategy. They are widely welcomed and the work of the UN has ensured broad consultation with sectors of society, opening the way for government programmes to be monitored.

9 At country level (paragraphs 4.64 to 4.89), implementation of the national strategy poses serious challenges. Effectiveness of cosponsor action depends on their complementarity and integration with national and OECD bilateral resources and programmes. In this area greater progress is required. Real influence comes from OECD donor bilateral programmes or the World Bank, all of whom have large resources compared with the other UN agencies. Faced with this, it is vital the cosponsors identify their comparative advantage and work to fill gaps and support an expanded response with policies and technical capacity. The cosponsors have prepared Integrated UN Workplans (IWP) to support the national strategy, but these are mostly poor documents that fail to identify needs and a joint response, and appear to be little more than repackaging of agency programmes. The UNAIDS Secretariat has had little influence over the IWPs; funding for the cosponsors' country programmes is outside the current scope of the programme's budget, and the theme groups are not accountable to the PCB.

10 In those countries where data about sexual behaviour have been collected, findings tend to show relatively high levels of awareness about HIV but, with some few recent exceptions, little or no evidence of behavioural change or an understanding of contextual factors (Chapter 5). In the judgement of the evaluation team, a lack of data is a major contributory factor to hold back community initiatives and scaling-up. Taking into account the evidence about development of national plans, moves towards more participatory and inclusive processes, and expansion of resources, the evaluation team characterises progress in most countries as a movement towards an expanded response, but nowhere is there sufficient evidence to claim that an expanded response has been achieved.

Management and governance

11 UNAIDS is the first and only joint, cosponsored programme of the UN system. Organisation and management is reviewed in Chapter 6. The role of the cosponsoring agencies is defined in their mandates, but their contributions to the joint programme with respect to HIV/AIDS have been set out in successive planning documents. The creation of UNAIDS came at a difficult time as development budgets in the OECD countries were squeezed by budgetary deficits and growing disenchantment in the effect of technical cooperation. Levels of official development aid were declining in real terms. After a poor start with consolidated appeals, success came with the advent of a Unified Budget and Workplan (UBW) for 2000-2001 and subsequent years, which integrated HIV/AIDS activities into a joint funding and allocation mechanism. OECD donors acknowledge the progress that has been made despite a degree of confusion about the purpose and functions of UBW.

12 The Programme Coordinating Board (PCB) was established to exercise a governance role in relation to all work of the cosponsors and Secretariat in respect of HIV/AIDS. In practice, however, this oversight role has been limited to the programme activities included in the budget and workplan. During the first two biennia PCB direction and control *de facto* covered only Secretariat activities. Starting with the UBW 2000-2001, cosponsor global and regional activities under the core programme also came under its general supervision. The control this confers to the PCB over the cosponsoring agencies is, however, fairly marginal, as long as the latter have access to alternative sources of financing for their activities. Major portions of the Programme, notably at the country level where cosponsor action is expected to translate the objectives of the programme into results, lie beyond the immediate control of the PCB.

13 The governance nexus between the UNAIDS programme and the cosponsor boards is weak. The Committee of Cosponsoring Organisations (CCO) has a role to review cosponsor activities and report to the PCB, but this is ineffective. The PCB has no real authority beyond its moral stature over cosponsor organisations or their boards. Nor does the PCB maintain direct formal communication channels with cosponsor boards. While PCB guidance eventually reaches cosponsor boards through indirect channels, its urgency is often diluted by other priorities more closely aligned with cosponsor mandates.

Conclusions and Recommendations

14 Chapter 7 reviews conclusions in the context of the dynamic epidemic. A formal presentation of conclusions in accordance with the Mandate for this evaluation follows this summary.

15 The first five years have seen a talented and committed team of people create a unique United Nations Joint Programme that has established itself as a leader in tackling HIV/AIDS, and a centre of knowledge about the disease. As a direct result of careful advocacy and lobbying, the period ended with clear evidence of global commitment: politically, through the leadership declarations at UNGASS; and bureaucratically, in the signature of 29 UN agencies to the UN System Strategic Plan (UNSSP). These acts established what never existed before the programme was formed, a clear global mandate with objectives that can be used to hold international leaders to account. The role of leadership was one of six founding objectives by ECOSOC. This has been successful. Achievement of a global consensus has been mostly successful and positive progress has been made towards the other four objectives.

16 The advocacy work of UNAIDS has been innovative, flexible and adaptive. New types of partnerships have been formed, horizontal learning has been developed into a powerful tool and diverse groups such as PLWHA, NGOs and businessmen have been brought into the process. Success at consolidating and presenting the epidemiology of the disease underpinned a strong policy narrative about the scale and threat to development.

17 The Best Practice Collection of information about HIV/AIDS has extensive visibility and ‘name recognition’ around the world. The UNAIDS logo is a symbol of quality that inspires confidence by the many groups who seek support in tackling the disease. Direct technical support has been effective at helping countries to develop national strategies, but is considered to be less accessible than arrangements under the GPA.

18 Coordination activities of the Secretariat at global level have been effective and were instrumental in bringing consensus over policy and programming. At country level coordination has been less effective. A number of institutional features contribute to this judgement: the uncertain accountability of the theme groups; the absence of objectively monitorable targets for the theme groups; the limited influence of the PCB over country-level activities and the lack of any incentives for the cosponsors to develop a genuinely integrated approach.¹

19 Major changes will influence the way the programme operates in future years. The expansion of financial commitments and growth in partner organisations means that there will be a big shift in support from planning to implementation and that the majority of resources will be outside the UN cosponsors. The role of UNAIDS needs to evolve to meet the challenge of coordinating progress towards an expanded global response.

¹ The interpretation of coordination and integration used in this report is given in Annex 1.

20 A total of twenty nine specific recommendations are set out in Chapter 8. They cover the future strategic vision of the programme, issues of governance and management of the programme, and its functions. There are seven major elements:

- ECOSOC to adopt a single improved goal and revised statement of roles
- UNAIDS Governing Board to consider a model of “expanded governance” for a more integrated expanded response
- Cosponsors and Secretariat to have a new Memorandum of Understanding with monitorable objectives
- UNAIDS to maintain its advocacy activities while giving enhanced emphasis to the dimensions of behavioural change
- UNAIDS to streamline its information and capacity development efforts to improve services to the agents of the expanded response
- UNAIDS to boost its coordination services, in particular through monitoring and evaluation, tracking financial and human resources and catalysing greater complementarity of actors
- UN system to build on lessons of the UNAIDS partnership arrangement for advancing its overall reform efforts

A summary of details follows the conclusions in the next section.

Conclusions and summary of recommendations

21 Evaluation against any objectives begs the question how realistic those objectives are? The ECOSOC objectives are loosely worded as activities and there is no sense of the time-scale involved. That said, the Joint United Nations Programme on HIV/AIDS has been fully successful in one of the six ECOSOC objectives and made progress towards all the others. It is probably realistic that achievements have been greatest at global level and in those areas under the direct influence of the Secretariat. With support from the UN system, countries have developed multisectoral programmes and achieved broad-based political and social mobilisation. There has been less progress in formulating a joint response by the cosponsors to help countries develop capacity and implement their strategies.

22 Conclusions are presented firstly, against the ECOSOC objectives, secondly, by UNAIDS functional areas and thirdly, in the context of expectations of the joint programme. A summary of recommendations follow, with full details in Chapter 8.

Progress towards the ECOSOC goals

23 Six goals were set out in ECOSOC resolution 1994/24. The performance of UNAIDS is summarised against each of these in turn.

To provide global leadership in response to the epidemic. Successful. A broad constituency of stakeholders find leadership in UNAIDS. The personal performance of the Executive Director, response by development agencies to the global strategy and endorsement by political and business leaders after UNGASS, all support this judgement.

To achieve and promote global consensus on policy and programme approaches. Mostly successful. Advocacy about the need to strengthen and increase response has been effective. The global strategy framework is widely accepted outside the UN agencies. But more work is needed to clarify the operational meaning of an expanded response, over the handling of issues such as MTCT and ART and to tackle sensitive issues such as MSM and IDU.

To strengthen the capacity to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level. Partly successful. Good progress has been made with statistics of prevalence, but much less on behavioural change and knowing what interventions work and under what circumstances. A new system to monitor country response shows potential, but it needs developing to provide objective measures of the nature and scale of response.

To strengthen the capacity of national governments to develop comprehensive national strategies and implement effective HIV/AIDS activities. Partly successful. National level strategies have been developed, but their translation into meaningful plans at sectoral and sub-national level needs more attention. The diverse and often sensitive nature of the changes that HIV/AIDS mainstreaming involves, and the difficulty of budgeting for such fluid changes, have been underestimated. Where new institutional structures were created specifically to deal with HIV/AIDS the process has

been complex, and therefore slow. The UN does not yet demonstrate added value in this role. Integrated work plans reveal a lack of clarity about the UN support role alongside that of OECD donors.

To promote broad-based political and social mobilization to prevent and respond to HIV/AIDS. Partly successful, although this process is one that needs continual emphasis and renewal. The work of UNAIDS to bring civil society, PLWHA and the private sector into dialogue with government has been an outstanding achievement. Efforts to support social mobilisation of important groups such as the churches have only recently started.

To advocate greater political commitment at the global and country levels including the mobilization and allocation of adequate resources. Mostly successful at global and partly successful at country levels. Advocacy has been a strength of the Secretariat in particular. Global commitment has come via UNGASS and the UN Security Council. Commitment at national levels can be fragile and needs constant renewal. Tangible examples of local good practice have helped, and can be promoted more. A substantial commitment of global resources has been achieved, possibly seven-fold on previous levels, but mainly during the past eighteen months. This has the potential to re-establish spending per HIV-infected person at levels not seen since the 1980s but depends, crucially, on country capacity to scale-up and implement.

Relevance of ECOSOC goals

24 In general the ECOSOC goals remain relevant. But their structure and phrasing are counter-productive to efforts to improve performance and accountability. The goal should be revised, to create a simple, clear and measurable objective that will drive the work of the programme and towards which roles and functions can be defined. A proposed new wording forms the first recommendation from this evaluation.

Achievements in the functional areas

25 The advocacy work of UNAIDS has been innovative, flexible and adaptive. New types of partnerships have been formed, horizontal learning has been developed into a powerful tool and diverse groups such as PLWHA, NGOs and businessmen have been brought into the process. Success at consolidating and presenting the epidemiology of the disease underpinned a strong policy narrative about the scale and threat to development. Relatively little emphasis has been given to sponsor research to evaluate the relevance and effectiveness of HIV/AIDS interventions. Prevention and control efforts are constrained by lack of evidence of effectiveness of interventions.

26 The Best Practice Collection of information about HIV/AIDS has extensive visibility and 'name recognition' around the world. Good though the material is, there remain limitations in language availability and the logistics of distribution hinder dissemination. Users would like more texts that tackle the response from a 'how to' perspective, in ways that will support scaling up. The programme has not yet met the challenge of understanding and disseminating how to stimulate behaviour change and develop effective implementation. Prevention programmes face the very difficult challenge of having to change sexual behaviour. Why such programmes rarely succeed is not well understood. This is a major area for work in the future.

27 Direct technical support to countries is criticised as less accessible than under the GPA. Capacity building has a strong ‘project’ orientation and the evidence is that it has been hard to extend to a wider audience. Support for national strategic planning is more visible than to help country implementation. Because so much implementation hinges on the skills and resources of grass-roots organisations, clear analysis during formulation of UNDAF or integrated workplans is needed to understand how UNAIDS can give support at that level. This will become an over-arching priority as the newly committed funds become available to scale-up the response. A challenge for UNAIDS is to find a new balance between its advocacy role and its functions in information provision, capacity building and technical support.

28 Coordination activities of the Secretariat at global level have been effective and were instrumental in bringing consensus over policy and programming. At country level the influence of the UNAIDS Secretariat is less, is dependent on the talent of the CPA and his or her colleagues in the UNAIDS country office, and the disposition of the cosponsors’ representatives. In this setting, coordination has been less effective. A number of institutional features contribute to this judgement: the uncertain accountability of the theme groups, both as UN entities and in their expanded form; the absence of objectively monitorable targets for the theme groups; the limited influence of the PCB over country-level activities and the lack of any incentives for the cosponsors to develop a genuinely integrated approach.²

Meeting expectations

29 An indication of expectations can be gained from the results of a WHO-led working group to examine the creation of the joint programme, reported in 1993. The driving imperative behind the creation of UNAIDS was to reinforce national capacity to respond to the epidemic. Expectations were that the joint programme would:

- a) reduce duplication of effort and ensure consistency among organisations of the UN system, with regard to strategic, policy and technical matters.

The assessment is that duplication of effort is being overcome and consistency among organisations of the UN system has greatly improved. Yet the negotiating approach of the present arrangements is not effective. Greater coherence is still to be achieved through better integration with the expanded response at country level.

- b) provide governments with a clearer, more comprehensive view of the financial and technical support available from UN organisations.

Very little progress has been made towards a clearer view of support available from the UN. The mechanisms that do exist, the Integrated Workplan and UN Development Assistance Framework, are judged to lack strategic perspective and are not responsive to country needs. Financial information is opaque and very difficult to access. But visibility of financial assistance was found to have improved in countries that participate in the Multi-Country AIDS Programme (MAP).

- c) strengthen national capability to determine and coordinate a multisectoral response.

National capability to coordinate a multisectoral response has been strengthened. However the difficulty of strengthening capability across sectors requires more attention.

² The interpretation of coordination and integration used in this report is given in Annex 1.

- d) assist governments to coordinate the activities and support of bilateral agencies, which would probably follow the technical and policy consensus of the UN system.

The extent to which governments and OECD bilateral donors look to the UN to provide coordination varies among countries. Donors do welcome national HIV/AIDS strategies as an organising framework for their support, and governments acknowledge UN facilitation in their preparation. Governments prefer their own forums for donor relations, and so do donors.

- e) ensure the joint formulation of and resource mobilisation for a single global appeal and coordinated fund-raising at country level.

The institutional structure set up for UNAIDS prescribed fund-raising at country level to be undertaken by existing fund-raising mechanisms of the cosponsors .

Summary of recommendations

30 The recommendations made by the evaluation are set out in full in Chapter 8. Each recommendation includes a brief preamble to explain the context and for most there is a cross reference to the analysis in the main report. All are directed to the PCB, with specific mention when addressed to other parties. They are grouped under a number of headings dealing with strategic vision, governance and functions.

Strategic vision

31 Four recommendations deal with high level issues concerning the overall role of the programme.

- *To replace the six current ECOSOC objectives by a single goal*
- *To redefine the roles of the programme with more specific allocation of responsibility*
- *To establish a clear relationship with the Global Fund to Fight AIDS, TB and Malaria*
- *For the UN Secretary General and UNDG to build on the lessons of UNAIDS when framing proposals for further UN reform*

Governance

32 Five recommendations deal with issues of governance. Two are major:

- *For the PCB to examine proposals in Annex 7 to this evaluation for a model of 'expanded governance' and implement proposals, particularly changes to transform the CCO into a management board*
- *To draw up a new Memorandum of Understanding for the Secretariat and cosponsors with clear and monitorable objectives for each party*

33 Three deal with procedural aspects concerning PCB operations, including the voting status of NGOs, links to the governing bodies of cosponsors, and PCB meetings.

Functional aspects – global advocacy, strategy and resource mobilisation

34 Five recommendations address functions at the global level. One is to maintain the essential and successful role of UNAIDS in global advocacy. A second is a major expansion of emphasis:

- *For the Secretariat to expand current work on information management as part of its core coordination service to all actors dealing with HIV/AIDS*

35 The other three deal with features to support the information role: to promote more evaluation and research studies into behavioural change and impact; to develop the Country Response Information System to more closely match the elements of an expanded response and to continue to develop the UBW, with improved data about plans at country level.

Functional aspects – regional and cross border

36 One recommendation is given to continue to support regional initiatives that are demand-driven by the needs of countries in the region.

Functional aspects – country humanitarian response, management of UNAIDS and capacity building

37 Shifting the focus of effort onto the country level is the primary message from this evaluation. Thirteen recommendations are constructed to help this change. The first is to recognise the crisis levels of infection being reached in some countries and start to prepare for a humanitarian response under which the UN may be able to give more effective support. Four recommendations deal with complementary issues of financial management:

- *For the cosponsors to adopt high standards of transparency and reporting for budgets and expenditure to set a standard for government and help all stakeholders engage in policy debate*
- *For HIV/AIDS to be reviewed under medium-term expenditure frameworks*
- *For a more explicit link by both OECD bilateral spending and that of the cosponsors to the national strategic plan*
- *To continue with the PAF facility*

38 Three recommendations support the continuation of the CPAs and expanded theme groups. Two recommendations are designed to foster more and better evaluations at country level, including the idea of holding joint reviews that look at performance in terms of national outcome objectives.

39 To support the substantive work of the programme three recommendations argue for expanded advocacy, adoption of a more facilitatory role in capacity building and increased support to help countries plan for and implement scaling-up.

Future evaluation

One final objective is addressed to the MERG to develop a programme of evaluation studies as part of a structured process leading to a second evaluation of UNAIDS after five years.

1 Introduction

1.1 This report presents the findings, conclusions and recommendations of an evaluation into the performance of the United Nations Joint Programme on HIV/AIDS.³ The evaluation was conducted over a nine-month period from July 2001 and covers the period from creation of the programme up to the end of March 2002. A few specific events that occurred later in 2002 are also described in the text. The following chapters review the context of HIV/AIDS and performance of the joint programme. Chapter 2 summarises the background, spread of the disease and global response. Chapter 3 examines the objectives of the programme and sets out the evaluation team's understanding of the rationale for concerted global action. Chapter 4 summarises the main findings of the evaluation in terms of three broad functional areas that have been the focus of the joint programme's activities: policy advocacy, information services and coordination. Chapter 5 examines the evidence of outcomes arising from the programme at country level. In Chapter 6 programme governance and management are reviewed. Chapter 7 brings together the conclusions and looks forward to challenges facing the programme. Chapter 8 presents the recommendations. This report is based on the material reported in four Background Papers and working papers from nine country visits. The objectives of the evaluation and a description of the methodology are given first, in the following sections.

Evaluation objectives

1.2 The objectives of the evaluation were set out in a mandate prepared for and endorsed by the UNAIDS Programme Coordinating Board (PCB). Box 1 reproduces the statement of purpose. It is comprehensive, requiring the evaluators to make judgements against both the ECOSOC resolution that mandated the creation of UNAIDS, and 'expectations' about increasing attention to issues and strengthening interagency collaboration.

Box 1 Purpose of the evaluation

The purpose of this Evaluation is to assess whether UNAIDS has met expectations in terms of increasing attention to the social, economic and developmental issues associated with the spread of HIV and strengthening interagency collaboration in response to the challenge. The Evaluation will:

- Assess the extent to which UNAIDS has met the goals and core objectives set out in ECOSOC Resolution 1994/24, in leading an expanded and broad-based response to the HIV/AIDS epidemic;
- Examine the degree to which the core objectives of UNAIDS are realistic given its structure and mandate and provide conclusions and recommendations on governance, management and functions that will promote improved performance; and,
- Review the relevance of UNAIDS' objectives and functions for the challenges of the next five years and provide recommendations on future objectives and functions of the programme.

Scope

1.3 In addition to the purpose a scope was also defined. Box 2 reproduces the scope. Taken together, the two statements direct the evaluation towards a broad perspective:

³ To improve readability, UNAIDS is referred to as the 'programme' or 'joint programme' throughout the text, except where a formal statement of the 'United Nations Joint Programme on HIV/AIDS' is needed to clarify meaning.

not looking only at meeting objectives, but asking about added value, the roles and relationships among the cosponsors and the institutional mechanisms. A limitation is the restriction of not evaluating the HIV/AIDS programmes of the cosponsors, a point taken up later.

Box 2 Scope of the evaluation

The Evaluation should review the response of the UN to HIV/AIDS within the framework of UNAIDS. The evaluators will look into the relevance of the UNAIDS objectives and the results achieved in relation to the potential capacity to deliver. All components of UNAIDS, including Cosponsors, the Secretariat, the PCB, and the CCO, will be included in the scope of the Evaluation. However, this will not be an evaluation of all HIV/AIDS activities of Cosponsors. The depth of the Evaluation in each case will be determined in view of respective roles and responsibilities within the overall UNAIDS objectives.

The Evaluation will examine the *added value* provided by the UNAIDS Programme, including the extent to which the Programme as a whole (Cosponsors and Secretariat) is working together to address the epidemic. This involves examining:

- the degree to which the unique arrangement of UNAIDS has succeeded in increasing knowledge and capacity, promoting stronger commitment, and ensuring mobilization and better use of resources among both Cosponsors and recipient governments;
- the roles and relationships of the Cosponsors and Secretariat as well as the institutional arrangements governing the UNAIDS Secretariat and its relation with Cosponsors;
- the ability of the Secretariat to fulfil its role and to coordinate the activities and use of resources among the Cosponsors and donors including the performance of coordinating mechanisms at the global level and in a selection of countries.

Methodology

1.4 The first two months of the study were spent preparing an evaluation design, set out in the Inception Report.⁴ Following a stakeholder workshop hosted by the Evaluation Supervisory Panel (ESP) the design was finalised. In view of the wide extent of stakeholder involvement with UNAIDS, and global reach of the programme, the evaluation was structured to involve a large sample of people and places. The evaluation team visited more than nine countries to examine the service given by UNAIDS to the national HIV/AIDS programme. Enquiries were also made to all the cosponsors and the UNAIDS Secretariat, and to headquarters of OECD donors, as well as representatives of the business sector and international NGOs. Details of the methodology are given in Annex 1, together with a list of organisations met, a glossary of important terms and a list of major documents consulted.

2 Background

HIV/AIDS Global challenge and global response

2.1 Twenty years after the first clinical evidence of acquired immunodeficiency syndrome was reported, AIDS has become the most devastating disease humankind has ever faced. Since the epidemic began, more than 60 million people have been infected with the virus. HIV/AIDS is now the leading cause of death in sub-Saharan Africa. Worldwide, it is the fourth-biggest killer.

⁴ Five-year evaluation of UNAIDS. Inception Report, September 2001

2.2 At the end of 2001, an estimated 40 million people globally were living with HIV. In many parts of the developing world, the majority of new infections occur in young adults, with young women especially vulnerable. About one-third of those currently living with HIV/AIDS are aged 15–24. Most of them do not know they carry the virus. Many millions more know nothing or too little about HIV to protect themselves against it.

2.3 AIDS is different from other health challenges such as tuberculosis and malaria. It is both a development and a health problem. It requires expensive and long-term health care; it mainly affects adults in their most productive years; it raises complex legal and ethical issues; it reaches all segments of society; and has continued to grow rapidly. Through its impact on health and productivity and on the fabric of family and community life, it continues to pose a substantial threat to the economic and social growth of nations across the world.

2.4 UNAIDS was created as the successor to the WHO Global Programme on AIDS (GPA), originally established as the Special Programme on AIDS in February 1987. GPA was the largest programme within WHO. But an external review reporting in 1992 concluded that improved collaboration among UN agencies was needed.⁵ One recommendation was for a working group to look into the structuring of the UN response.

2.5 The report of that working group identified a number of key shortcomings:⁶

- Ineffective links between accepted global policies and strategies and action at country level
- Provision of conflicting technical advice
- Conflicting interpretations of each other's mandates and areas of expertise
- Competition for financial resources
- Insufficient coordination of inputs to different ministries at country level
- Slow response to the pandemic

2.6 A joint and cosponsored programme was proposed. Modelled on the WHO Tropical Diseases Research Programme (TDR), execution was to be handled by all the cosponsors, hence a 'joint' programme. A sense of the *expectations* behind UNAIDS can be obtained from that same report:⁷

- To reduce duplication of effort and ensure consistency among organisations of the UN system, with regard to strategic, policy and technical matters
- To provide governments with a clearer, more comprehensive view of the financial and technical support available from UN organisations
- To strengthen national capability to determine and coordinate a multisectoral response
- To assist governments to coordinate the activities and support of bilateral agencies, which would probably follow the technical and policy consensus of the UN system
- The joint formulation of and resource mobilisation for a single global appeal and coordinated fund-raising at country level.

⁵ A summary of the findings from the evaluation of GPA is given in Annex 2

⁶ WHO Executive Board paper EB93/INF.DOC./5

⁷ WHO Executive Board paper EB93/27, paras. 32 to 37

2.7 The thrust of the shortcomings and expectations are primarily towards overcoming problems of the response at national level and providing a better service to governments.

2.8 Apart from the perceived weaknesses in the GPA as a programme, three underlying issues contributed to the decision to create UNAIDS. One was dissatisfaction by donors at management by WHO, in particular centring on a perceived leadership crisis and a lack of accountability between the regional management structures and the Director General. Inter-agency rivalry in the UN led to arguments that a multi-agency response could never be coordinated from within WHO. Second, supporters of UN reform believed that a multi-sectoral response could be made to work through joint programming and that such a programme offered an opportunity to demonstrate the potential of the UN. This line of reasoning led to arrangements at country level being based on two emerging elements of UN reform, the resident coordinator system and theme groups. Last, key informants from that period contend that OECD bilateral donors found themselves over-committed to GPA and wanted more direct control over their HIV/AIDS programming. A shift to a new programme enabled them to refashion their spending plans.

2.9 A significant point is that there was no global consensus from which the joint programme emerged. Unlike many other global programmes UNAIDS was not created by a conference or convention. It was driven by a group of OECD bilateral donors, supported by activists seeking a stronger response and designed by ECOSOC. The forces leading to establishment of the joint programme were a mixture of technical and political. They illustrate the range of expectations that built up. Some were dashed at the outset, by the chosen structure. Others have been the focus of the programmes' efforts. All have remained to some extent as a challenge to the programme.

3 The United Nations Joint Programme on HIV/AIDS

ECOSOC Objectives

3.1 The United Nations Joint Programme on HIV/AIDS was created by resolution 1994/24 of the Economic and Social Council of the UN (ECOSOC). Six objectives were listed:

- To provide global leadership in response to the epidemic
- To achieve and promote global consensus on policy and programme approaches
- To strengthen the capacity to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level
- To strengthen the capacity of national governments to develop comprehensive national strategies and implement effective HIV/AIDS activities
- To promote broad-based political and social mobilization to prevent and respond to HIV/AIDS
- To advocate greater political commitment at the global and country levels including the mobilization and allocation of adequate resources

With the exception of the second point, '*to achieve ... global consensus*', none of them are well framed as measurable objectives. They refer to what the programme would do, rather than what it was to accomplish, and there is no sense of the time frame in which they were to be realised.

3.2 The wording of the ECOSOC objectives contributed directly to influence the nascent UNAIDS Secretariat in defining the work of the programme. It was described as a set of functional areas which, over time, were consolidated into three clusters:

- Increasing awareness and commitment
 - Tracking the epidemic and responses to it
 - Advocacy, resource mobilization and partnership building
- Expanding capacity and knowledge
 - Identification and dissemination of best practice
 - Technical resource networking
 - Direct support to countries and partners
- Coordination and better use of resources
 - Unified planning and support to national strategic planning
 - Policy and strategy analysis and development
 - Governance.

3.3 A clear description of the programme is given by the UNAIDS Mission Statement in Box 3. This sets out a concise role for the joint programme, directed towards the goals of an expanded response.⁸

Box 3 UNAIDS mission statement

As the main advocate for global action on HIV/AIDS, UNAIDS **leads, strengthens and supports** an expanded response aimed at preventing transmission of HIV/AIDS, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

What is UNAIDS?

3.4 UNAIDS is a joint cosponsored programme of the United Nations. The programme started with six cosponsors (UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank) and subsequently increased to eight with the addition of UNDCP in 1999, and ILO in 2002. The programme is served by a Secretariat based in Geneva. The work of the programme is to help countries achieve the best possible response to deal with the epidemic. More details about the programme are given in Annex 2; the mandates and programming priorities of cosponsors are given in Annex 3.

3.5 Any discussion about the joint programme comes round to questions on UNAIDS' roles and responsibilities. This has arisen for several reasons. Firstly, as a joint and cosponsored programme it is unique, and even to observers who are familiar with the workings of UN agencies it is difficult to conceptualise a cosponsored programme as opposed to an agency with a mandate. Secondly, the presentation of objectives and strategy was not concise in the early years of the programme, and has only become clear and more widely understood since the run up to UNGASS. In particular, the implications of a multisectoral response was not given a practical explanation.

3.6 Thirdly, a central plank of the objectives of UNAIDS is to achieve an expanded response, but that concept is poorly understood both among staff of the cosponsors and at country level. Lastly, the cosponsors, especially WHO, UNICEF and UNDP, were unenthusiastic about the joint programme in the early years, and did not help third

⁸ See UNAIDS/UWB/2000-01, para 3.1 and UNAIDS web site: <http://www.unaids.org>

parties understand its role and mandate when in fact, the role, mandate and institutional arrangements were set clearly out in a memorandum of understanding (MOU) between the cosponsoring agencies.⁹ Background Papers C, Chapter 5 and D Chapter 3 provide more detail. The history of UNAIDS' first 5 to 6 years can be characterised as a slow 2 to 3 years in which much effort was devoted to consensus building, followed by a gathering momentum by the cosponsors, charted later in this report.

3.7 UNAIDS means different things to different people: the combined effort of the United Nations system on HIV/AIDS, including all global, regional and country activities; the common activities of the UNAIDS partners; or an institution, the Geneva-based Secretariat of UNAIDS with its outposts at country level. Usage is not consistent. This represents a concern to the extent that the ambitions of the UNAIDS Programme are more closely associated with the most comprehensive definition, whereas perceptions of UNAIDS are typically of the Secretariat and country-based staff.

3.8 At **global** level, the MOU defines UNAIDS as consisting of the Programme Coordinating Board (PCB), the Committee of Cosponsoring Organizations (CCO) and the Secretariat. Funds for UNAIDS' activities at global level were to be obtained "*through common global means, including a Global Appeal*" (MOU, para. 10.1). The PCB is primarily an institution of governance but the CCO is responsible for a number of tasks that affect the operations of the programme. These are listed in the MOU, and include the following:

- To review workplans and proposed programme budgets
- To review financing proposals for UNAIDS
- To review technical reports
- To review the activities of each cosponsoring organization for consistency and coordination with, as well as appropriate support to, the activities and strategies of UNAIDS

3.9 At **country** level UNAIDS operates through a UN Theme Group, with Secretariat staff (a country programme adviser - CPA) in some countries. The cosponsoring organizations are required to "*incorporate the normative work undertaken by UNAIDS at global level on policy, strategy and technical matters into their HIV/AIDS activities and related activities undertaken at country level.*" The resident coordinator is required to establish a UN Theme Group on HIV/AIDS within the framework of General Assembly resolutions 44/211 and 47/199. UNAIDS was tasked to facilitate coordination among the cosponsoring organizations at country level. Funding for country level HIV/AIDS-related activities is obtained primarily through existing fund-raising mechanisms of the cosponsoring organizations.

3.10 In addition, the Secretariat has a small **regional** presence through a number of inter-country teams (ICT), based at Abidjan, Pretoria, and Bangkok, plus some CPA having responsibility for more than one country.

3.11 Several issues emerge from the design of the institutional mechanisms. The arrangements deal directly to address some of the shortcomings identified with the GPA, such as a) the ineffective links between accepted global policies and strategies and action at country level; b) provision of conflicting technical advice; and c)

⁹ 'Memorandum of Understanding (MOU) on a Joint and Cosponsored United Nations Programme on HIV/AIDS' signed by the executive directors of the six original cosponsors in 1995, and subsequently by UNDCP (1999) and ILO (2002)

conflicting interpretations of each other's mandates and areas of expertise. But others are less well tackled. Improved coordination of inputs to different ministries at country level is dependent on the workings of the theme groups, at the time a largely untested mechanism. None of the arrangements changes the extent to which UN agencies compete for financial resources at country level. And the MOU says nothing about the relationship between the PCB and the governing bodies of the cosponsors. Furthermore, the work of the programme rests on imprecise terms such as coordination and expanded response.

3.12 Although a mechanism was established to rationalise the role of each cosponsor, in practice it took several years before concise statements of cosponsor contributions were issued, but still without a clear objective for each cosponsor. Cosponsor mandates and programming priorities appear at Annex 3

A business model for coordinated global action

3.13 To understand the relationship between the institutional arrangements and the objectives, it is necessary to examine the rationale for a response through the United Nations system. Box 4 sets out the evaluation team's interpretation of the underlying model. The rationale is based around the notion that the knowledge and skills to tackle HIV/AIDS is a global public good, for which the UN has a comparative advantage.¹⁰

Box 4 Why a UN System response?

Challenge	Global threat of HIV/AIDS
Response	Coordinated policy and programmatic approaches at global and national levels leading to an expanded response
Instruments	UN system policy advocacy, information and coordination
Rationale	Strengths of the UN system in creating and delivering global public goods
Realisation	Core comparative advantages that others are unable to emulate: <ul style="list-style-type: none">▪ Neutrality of policy advocacy to stimulate political commitment▪ Country presence for policy coordination and harmonised action Supplementary comparative advantages: Universality of participation and reach; existence of specialised mandates; availability of expert and financial resources; ability to fill gaps

3.14 The analysis of objectives, mission and model gives rise to an intervention model that matches the founding objectives in the ECOSOC resolution and is congruent with a results-chain approach.

- Advocacy creates political awareness and commitment, and enables resource mobilisation – the leadership function
- Information expands knowledge as a basis for capacity building, and rational and relevant decision-making – the strengthening function

¹⁰ Public goods are goods that many people can consume or use at the same time without reducing the benefits and it is difficult to exclude anyone from consumption or use. Global public goods are public goods with a wide reach that spill across national boundaries. Market mechanisms tend to undersupply public goods, hence the justification for 'state' intervention, and for non-political international bodies at global level.

- Coordination enables harmonisation of policy, strategy and resources so that implementation has the potential to be effective and efficient at national level – the support function
- Effective implementation at national level brings an *increased likelihood* of eventual impact in terms of reduced HIV/AIDS vulnerability, reduced transmission of HIV and reduced HIV/AIDS impact.

3.15 The objectives and indicators implied by this model are summarised in Annex 5, reproduced from the Inception Report.

3.16 The purpose of the joint programme was therefore for UNAIDS to deliver a global service for which the cosponsors had a supposed comparative advantage. But the ECOSOC goals failed to set clear objectives, as did the MOU with the cosponsors. The novel arrangement of a joint programme meant there was no prior experience to draw on. Key concepts, of an expanded and multi-sectoral response, were imprecise yet much of the justification for setting up UNAIDS and the expected added value was vested in these.

3.17 The shortcomings that had been identified with the GPA gave prominence to a need to strengthen response at country level. Whilst the arrangements for UNAIDS made provision for this, the main mechanism chosen was the untested theme group. UNAIDS was promoted as a flagship of UN reform, a significant distraction for a fledgling programme trying to tackle a global catastrophe. Moreover, it has led to misunderstandings, especially among donors, of the influence of the Secretariat over the cosponsors at country level and the accountability of the cosponsors to the programme.

3.18 Greater attention was given to arrangements for technical harmonisation, accountability and unified fund-raising at global level. As well as giving direction to the programme, the PCB is a channel for accountability for the global response. There is no comparable mechanism for accountability at national level. The combination of overlapping cosponsor mandates, hard-to-understand role of the joint programme and lack of accountability at country level meant that the joint programme was least-well conceived in precisely that area of operations where the need was greatest to provide a better service than the GPA.¹¹

4 Global, regional and national services

A shared global agenda

4.1 UNAIDS has worked to forge a global agenda on HIV/AIDS, reaching beyond the United Nations agencies to all sectors of global society. This global agenda has been a major objective of the Secretariat. It is part of a strategy to achieve global consensus on policy and programme approaches (an ECOSOC objective), seen as a precursor to effective UN and partner action at national level. The agenda comprises political endorsement, at the highest levels, of policy commitments to fight HIV/AIDS, and endorsement by development agencies and civil society organisations of common programming approaches. Both these aspects have largely been successful, although there are differences of emphasis about the balance of effort on prevention and care,

¹¹ These issues are examined in more detail in Background Papers C, Chapters 5 and 6, and D Chapter 3.

and on the approach to treatment. It is also too early to say that public political commitments have been translated into action.

4.2 The achievement of an agreed global agenda has been a process in which the joint programme, led by the Secretariat, was flexible and responsive to opportunities. Annex 6 contains a timeline of major events. Several parallel but interlinked sets of actions can be identified. Firstly, the evolution of a coherent strategy and workplan for the joint programme. As well as being a public statement of approach, this was an advocacy tool within the programme, to bring the cosponsors together and to build momentum within the UN. Secondly, a succession of global conferences or meetings to raise awareness among political, civil society and business leaders. Thirdly, special efforts for Africa, to draw attention to the developmental impact of the disease. These strands culminated in the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001, a UN System Strategic Plan (UNSSP) that sets out commitments of 29 UN agencies and organisations to fight HIV/AIDS, and the establishment of the Global Fund for AIDS, TB and Malaria (GFATM).

4.3 These global achievements were not exclusively the work of UNAIDS, but were built on the advocacy, capacity building and coordination work of the programme. The following sections summarise achievements and issues in these functional areas.

Policy advocacy to increase awareness and commitment of resources

4.4 Advocacy is the role of presenting arguments and facts to persuade targeted people or groups to adopt policies and strategies to tackle the pandemic. Advocacy is a multifaceted process in which approaches are used opportunistically. Whilst it is hard to determine formal strategies, it is clear that the overall approach adopted by UNAIDS has been structured and methodical. This section deals first with enhancing awareness and global commitment. Later sections examine the situation at country level.

Advocacy builds on good information

4.5 A high priority for the joint programme was to track the epidemic and responses to it. Responsibility for managing prevalence statistics was moved from WHO to UNAIDS and a major effort was put into consolidating the various sources of data, and bringing consistency into presentation and publication. This was an early success for the programme and has brought significant benefits. It provided the basis to establish a simple and clear policy narrative about the dramatic scale and rate of increase of the disease and the need for a commensurate response. It built confidence in the joint programme, provided a strong foundation for advocacy by '*letting the figures speak for themselves*' and is credited with stimulating a major change in international policy, notably by the Clinton Administration in the USA. (Background Paper A, Chapter 2)

Awareness is created in many ways

4.6 Armed with a sound statistical framework, advocacy has been based on campaigns, conferences, personal profiles, partnerships, and horizontal learning. At first, priority was given to campaigns and conferences. The main campaign effort has been the World AIDS Campaign. This approach has provided a global mechanism to involve very large numbers of NGOs, organisations and discussion networks. The cosponsors have dedicated focal points for the campaign each year and roles rotate. Two notable campaigns, on young people, and on the role of men, are credited with shifting donor attention to orphans, MTCT and youth programme; and to challenging

conventional thinking about gender roles. But other than media analysis of the uptake of messages, there has been no evaluation of effectiveness.

4.7 UNAIDS has taken advantage of conferences as a forum to bring people together for networking. Not all have been sponsored by UNAIDS. Some, such as the biannual International Conference on AIDS and STIs in Africa (ICASA) were started by GPA and have been continued by the joint programme.

4.8 The social challenges that accompany the disease call for public endorsement in very personal ways. UNAIDS has approached this by targeting individuals and their inner circle of advisers. Specific examples are Kofi Annan, Secretary General of the UN; Vice President and Mrs Gore, in the Clinton Administration; and Mr Richard Holbrooke, former US Ambassador to the UN. Once convinced, their efforts contributed to significant changes in UN and US policy, and through Mr Holbrooke, to a revitalised approach for business. Focused advocacy at this level and with heads of state worldwide has been effective largely through the leadership of the UNAIDS Executive Director, Dr Peter Piot, whose personal contribution is widely acknowledged, and strengthened by the personal interventions of the UN Secretary General and heads of UN agencies. This personal element is a component of other forms of advocacy as well, especially horizontal learning.

4.9 Partnerships have emerged as a central way to mainstream actions against HIV/AIDS. They are a mechanism that enables UNAIDS to leverage its knowledge and expertise through organisations that bring complementary skills or privileged access to vulnerable groups and to promote gender orientation. Partnerships have many forms. The commitment to work for greater involvement of people living with HIV/AIDS (GIPA) is an obvious example. Such international partnerships mirror local arrangements to work through influential groups who are at risk, such as commercial sex workers (CSW), men who have sex with men (MSM) and injecting drug users (IDU), to devise peer education and support programmes. (Background Paper A, Chapter 2)

4.10 Successes have been achieved with the private sector. Specific examples are MTV in producing an award-winning documentary 'Staying Alive' (currently in production for the fourth in a series); with Coca Cola to carry health messages on trucks in Africa; and with The Body Shop, to have smart posters on the use of condoms. In the view of business leaders, the Secretariat has learned that the main added value from the private sector is expertise and the ability to exploit business-specific comparative advantage. Too many UN agency requests are reported to focus on funding.

4.11 A common theme that runs through conferences and partnerships is horizontal learning. There is strong positive feedback of the influence gained from this process in all sorts of settings: between African Presidents, in a follow-up to the Abuja 2001 conference; exchange visits between countries; sharing experiences within regions, such as Indonesia and the ASEAN HIV/AIDS strategy, the role of the Caribbean Partnership at UNGASS, and ARV negotiations in the Southern Cone and Brazil; an informal private enterprise network called 'Private Investors in Africa'; between uniformed services such as from the Ukraine military to other countries in the CIS; between local authorities at national level; between communities and between representatives of vulnerable populations. Whilst UNAIDS did not facilitate all these processes, many have been supported directly by the joint programme and the

mechanism has been strongly promoted. It is likely to be a key element in scaling up activities. (Background Papers A, Chapter 2 and B, Chapter 4)

The Security Council and UNGASS

4.12 Two specific examples stand out as successes of the global advocacy work. In 1998 the Secretariat decided to try and get HIV/AIDS on the agenda of the Security Council as a means of effecting a dramatic shift of high-level impetus. Manoeuvring took nearly two years, with carefully managed meetings with senior US government officials and politicians close to the president. The debate marked the first occasion when a health issue was adopted as a resolution, and marked a global change of awareness that HIV/AIDS is both a security challenge and development issue.

4.13 The Secretariat had identified a goal of achieving a UN General Assembly Special Session on HIV/AIDS, but events moved faster than expected, such that work on the Global Strategy Framework and preparations for UN System Strategic Plan were less advanced than intended. The UNAIDS Secretariat was given the role as substantive Secretariat for the Special Session and guided preparations with the support of the cosponsors. There is extensive evidence that the way in which countries and their representatives were involved in the process, and had to come prepared, has done much to increase political commitment. The UNGASS Declaration has set agreed standards for countries to live up to.

4.14 The implications from UNGASS go beyond global consensus to open the way for UNAIDS to use the declaration as a means to track country responsiveness and provide feedback to all stakeholders. The Secretariat has, in the May 2002 PCB meeting, presented a monitoring and evaluation framework specifically tailored to the UNGASS goals and targets, for country level follow-up. (Background Paper A, Chapter 2)

Sensitive issues make advocacy complex

4.15 Not all campaigns have been straightforward. Advocacy to create awareness about the threat of the disease has worked, in part because the message is simple and stark. Because spread of the disease is linked to sexual practices, messages about behaviour and a focus on high risk groups are affected by stigma and discrimination. In some settings, the UN's comparative advantage as a neutral body with 'expert' knowledge has enabled UNAIDS to work directly to support such messages. Complex areas such as dealing with mother to child transmission (MTCT) have also proved difficult. Early evidence from Thailand that a short course of AZT coupled with formula milk rather than breastfeeding could substantially reduce the number of infected infants led to hopes that the approach could be transferred to Africa. But in much of the continent formula milk is not an option and in the view of many experts leaves the infant at unacceptable risk for other infections and malnutrition. It reverses the progress of decades. The medical evidence about infection through breastfeeding has changed as different studies reported. UNAIDS is widely criticised by observers for not handling this issue well. It is the difficult task of UNAIDS to advocate for the right interventions and at the same time move cautiously, even when the momentum is for interventions that at first seem feasible, and therefore attractive. (Background Paper A, Chapter 4)

More global resources are now committed

4.16 Data about resource mobilisation are fragmented and difficult to analyse. The Secretariat recognised this early in the programme and sponsored a study with the Harvard School of Public Health.¹² That found a declining level of commitment to HIV/AIDS by OECD bilateral donors and declining disbursement per HIV-infected person. Background Paper C, Chapter 2, draws together a wide range of resource data, drawn from varied and non-comparable sources, to illustrate the broad trends and implications. The most coherent set, discussed below in Table 1, comes from recent good work by the Secretariat, which needs to be continued and expanded.

4.17 Table 1 summarises disbursement for 1996 to 2000, and appropriated commitments for 2001 and 2002. The table gives an indication of a rapidly rising trend after 1999. That is in accord with the global commitment described above. The implication is at least a five-fold increase in OECD bilateral donor commitments. These do not include commitments to international financial institutions such as the World Bank, which are subsequently used for loans for HIV/AIDS.

Table 1 **Summary of disbursement and commitments to HIV/AIDS¹³**

US\$ prices	millions	current	1996	1997	1998	1999	2000	2001	2002
Bilateral			116	183	237	229			
G-7							451	562	875
Other DAC & EC							185	200	275
International foundations/NGOs			96	97	37	87	136	200	200
UN System			60	60	60	60	70	70	150
World Bank loans							272	275	295
GFATM							0	0	100
TOTAL			262	330	324	316	1,114	1,307	1,895

Source: UNAIDS/PCB(12)/02 Conference Paper 2, Tables 1, 3. Disbursements 1996-2000; appropriated commitments 2001-2002

4.18 In addition to the figures in Table 1, there are still-to-be-appropriated OECD commitments that collectively raise the total to around US\$2 billion in 2002.

4.19 The UNAIDS-Harvard study found a decline in funding from a peak of US\$22 per HIV-infected person in 1988, to under US\$9 in 1997 (at 1996 prices).¹⁴ If there were 40 million people infected at the end of 2001, the planned donor commitment for 2001 would amount to US\$33 per HIV-infected person, in simple terms an increase on the 1988 level. A substantial global commitment has been achieved. The scale of response has started to reverse the decline of the 1990s. However, the Secretariat

¹² UNAIDS/Harvard School of Public Health (1999) Level and flow of national and international resources for the response to HIV/AIDS, 1996-1997

¹³ The data in this table are derived from multiple sources as defined and reported in the UNAIDS source report. Inconsistent statistical reporting and the start of the Global Fund for AIDS, TB and Malaria has resulted in different categories pre and post 2000. Data for the UN system shows only expenditure that was not designated for HIV/AIDS by primary donors.

¹⁴ Funding per HIV-infected person is a simple surrogate to express the scale of resources. It neither takes into account the make-up of that expenditure, nor its adequacy. Nor is it intended to convey a bias against prevention, which targets most people and is at the cornerstone of the response.

projects a demand for resources of US\$3 billion in 2003, rising to US\$9 to 10 billion by 2005, a challenge still to be met.¹⁵

4.20 UNAIDS has been effective in helping to stimulate support by corporate and philanthropic organisations. But the gap in funding means advocacy for increased resources will remain a key role for the programme. The Secretariat is in the process of preparing a plan for a resource mobilization strategy which will also address the needs of partnership with the Global Fund to Fight AIDS, TB and Malaria.

National awareness and commitment

4.21 The UNAIDS Secretariat has a distinct role globally as lead voice of the joint programme. But at country level it is more muted in face of the very different relationship with cosponsors and the leading role of government. The achievements with global advocacy have had a substantial transfer to country level, especially through personal influence and horizontal learning. Specific achievements such as national strategies are described in the next section. Probably the most visible result of advocacy has been an opening of dialogue about HIV/AIDS to all sectors of society. (Background Paper A, Chapter 5)

Groups from all sectors of society have been mobilised ...

4.22 The clearest examples of social mobilisation can be found in countries or regions with a generalised epidemic. Involvement of religious groups, health and development NGOs, HIV/AIDS-specific NGOs, youth and women's organisations, and people living with HIV/AIDS are seen to be on the increase. This has been a successful role for the UN, and especially for the UNAIDS Country Programme Advisers. In many instances, the process to develop a national strategy provided the entry point, but a host of other initiatives have been used as well: financial support for people to attend conferences; invitations to specific workshops and meetings; discrete and off-the-record political briefings; training courses; pilot projects to inform dialogue; and facilitation of networks of high risk groups. The approach is characterised by being flexible, localised and adaptive, but tends to result in concentration in capital cities and accessible locations. It depends on NGOs playing a role of intermediary between the UN and social groups, so has been less successful in locations where NGOs are weak or fragmented, such as Mozambique, Eritrea and Argentina. Countries with concentrated epidemics are similarly dependent on NGO presence but stigma and discrimination are often more critical in holding back commitment.

4.23 At the heart of social mobilisation is the drive to create a gendered response, whereby women are able to control the circumstances under which they engage in sexual activity. Observers familiar with the successes in Thailand and Uganda argue that an underlying reason is that the approach has been effective in gender terms. This is close to the concept of internalising HIV/AIDS competence; not only knowing the basics of HIV/AIDS transmission, but also ready to apply that knowledge with respect to others. In the opinion of the evaluation team, the element of gender in social

¹⁵ The estimate quoted was derived by UNAIDS from country-by-country projections of financing required to meet the policy goals set out in the Declaration of Commitment from UNGASS. Requirements are based on HIV/AIDS prevalence and unit costs of a package of 17 interventions, split almost equally between prevention, and care and support. Assumptions were also included about domestic finance at about one-third of the total in aggregate. The estimate refers to internationally-mobilised funds only.

mobilisation requires higher prominence. A good sign is that demand for the (excellent) UNAIDS Resource Packet on Gender and AIDS is high.

... and more resources being made available

4.24 Resource commitments at country level are hard to quantify. Evidence from the nine countries visited show that all have budget allocations for HIV/AIDS, all show increases, especially in recent years; most are moving towards provisions in sectors other than health, and many have budget lines at state or other decentralised levels. Examples have been found of private sector companies paying the costs of care and treatment for their employees; religious organisations actively involved in home-based care; and organisations of PLWHA becoming more vocal in pushing for more accessible treatment. Some examples were found of budget provisions from local revenue generation, but there is a heavy reliance on development assistance. Precise data are hard to obtain, actual expenditure does not seem to be regularly monitored, there is low transparency with the data and few examples of publication in accessible formats. This is an important area of potential for UNAIDS to help set standards for openness and transparency that will contribute to better accountability.

But an environment with more options is still elusive

4.25 Global advocacy is clear about the need to work towards an expanded response and bring together prevention, care, support and treatment. (Background Paper A, Chapter 6) A model for an expanded programme can be found in Senegal and Thailand, two countries where broad-based and comprehensive response has created a positive environment. None of the countries visited by the evaluation has moved close to this ideal, although there are many examples of isolated efforts. The reasons are complex and several.

4.26 An ideal model is one in which actions are broadly spread through both health and non-health departments, sector agencies, NGOs and communities; basic services and condoms are widely available; prevention efforts are targeted towards high risk groups, as well as the general population and young people; voluntary and confidential counselling and testing (VCT) services are available; and lead to treatment for STIs, opportunistic infections, action to prevent MTCT and treatment with antiretroviral drugs; legislation and work practice mitigate against stigma and discrimination; and the system is supported by statistical services that enable the trends of the epidemic to be monitored.

4.27 Countries fall short of this model for many reasons: targeting of high risk groups is influenced by discrimination; prevention is sometimes emphasised in preference to care and support owing to infrastructure and budgetary constraints with antiretroviral therapy (ART); elsewhere conservative policies and a strong medical establishment are seen to concentrate resources in treatment rather than prevention; people do not come forward for voluntary testing because there is high stigma associated with being positive and because there is limited provision for counselling and treatment.¹⁶

¹⁶ In countries such as Senegal and Ivory Coast, the adaptation and large scale implementation by UNDP and USAID/AIDSCAP/ACI of the UNDP HIV and Development training module has been a powerful advocacy and skills building instrument to help decision makers, political and religious leaders as well as NGO and CBO leaders engage towards a comprehensive and integrated programme development. As a result women, youth, religious organisations and CBO have taken charge and cover a broad range of

4.28 The Global Strategy Framework states that, “*experience has shown communities are more active in mobilizing against the epidemic when they are motivated by concerns about prevention, care and support together*” implying that this would guide policies and programmes. This has neither been the case for the individual cosponsors nor, by implication, for the joint programme. There is thus a disconnection between experience of what has worked and the ways in which the cosponsors work together to offer the UNAIDS service.

4.29 Clear examples exist of trying to create high-level political endorsement and identification with the disease. A tour by the ‘*Ambassadors of Hope*’, a man and a woman from Uganda living openly with HIV, has been strongly commended. But in most countries it is exceptional for a prominent public figure to declare themselves as HIV positive. Yet such action would strike at the heart of stigma and encourage others to go for testing and confront their status.

Concluding comments

4.30 Global advocacy stands out as a major success of the joint programme in which the Secretariat has played the leading role. Sound statistics enabled a simple policy narrative to be developed and this has been effectively transmitted to political and opinion leaders. The scale and severity of the disease is a clear message. Advocacy has been much harder at country level where the policy process is affected by technical knowledge, political context and bureaucratic culture. UNAIDS has been grappling with all three and it is not surprising that success has come with the simplest message about the threat to development. Where technical knowledge is uncertain and has complex ramifications (MTCT, ART); or where the political context denies high-risk groups such as MSM, IDU or CSW; or when an entrenched bureaucracy fights multi-sectoralism, the task is much harder. In such an environment, a wise strategy is to obtain agreement on goals and then take a flexible approach to achieving them. That has been the approach of the Secretariat by winning consensus on a global framework.

4.31 The approach to advocacy has been innovative, flexible and adaptive. Significant successes have been achieved in helping civil society organisations participate in government and international forums, and to opening the way for closer relations with the private sector through recognising the contributions of expertise that business can bring.

4.32 Global consensus has come with clear commitments by OECD donor countries to expand resources, though the pace of expansion has been slow until the very recent past and has only recently matched the level of spending per HIV-infected person that existed in 1988. Information about the availability of resources is hard to find and difficult to interpret, both from international and national sources. That imposes a significant transaction cost on interest groups worldwide, which look to the joint programme as a partner. Vagueness over funding undermines advocacy to raise resources. Improvements in transparency should be a high priority for the programme.

4.33 Recent price reductions of antiretrovirals have raised opportunities, but have also added complexity to decision-making on priorities. The position taken on access to treatment is decisive for what constitutes a commensurate response to the epidemic in

interventions dealing with the various and complex issues surrounding the epidemic. UNAIDS Secretariat has explored ways to link this training to the strategic planning process, however at country level theme groups should revisit the UNDP HDP module, own the approach and train NACP staff and major decision makers as part of planning and empowerment processes.

financial terms. Thus, while there has been a substantial increase in global resources, mainly during the last 18 months, current expenditure stands at only 20 percent of the recommended total.

4.34 At the heart of the debate is the interpretation of a move to a multisectoral response. The evidence is that efforts to mainstream HIV/AIDS need to be diverse, multidisciplinary and adaptive. This is difficult and therefore mechanisms for planning need to be interlinked with implementation – so that examples of good practice in priority sectors demonstrate that it can be done.

Information to expand capacity and knowledge

Best practice collection

4.35 Since 1996, UNAIDS and its cosponsoring organisations have documented and published a series of best practices initiatives referred to here as the ‘Best Practice Collection’ (BPC).¹⁷ To date, more than 153 documents can be accessed on-line, in print version or in CD-ROM. UNAIDS Secretariat disseminates these documents to people and organisations included in its mailing list. UNAIDS BPC refers primarily to documents and materials that capture lessons from practices *‘that work, whether fully or in part, and provide useful lessons learned... In other words, practices that not only have strengths that can be built on or adapted but also weaknesses that can be recognised and overcome or avoided’*. Analysis of the Best Practice Collection can be found in Background Paper B, Chapter 3.

4.36 Overall, the BPC topic list is extensive and includes HIV/AIDS and STI surveillance data (global and by country), care and prevention, gender, MTCT, responses at different levels or by different sectors, vaccines research and drugs pricing, subjects regarding specific populations/organisations including children and young people, religious leaders and faith-based organisations, the military, MSM, etc. The series is highly regarded by research and implementing organisations and the NGOs that know about them. Language appears a strong barrier as demand outstrips translations. There is a definite unmet need for information in Spanish, Portuguese, Arabic, French, Russian and local languages. Distribution seems insufficient, and sufficient quantity of Best Practice and related materials are not readily available at local level.

4.37 There are no clear procedures established for monitoring the distribution of BPC materials, especially at country level. While BPC materials are regularly sent out it is difficult to trace recipients. In general the distribution mechanism at country level relies heavily on the national AIDS programme and personal relationships.

4.38 There is an expressed need for more practical information, to be thought of as a *‘collection of how to’* that are adapted to country needs. Given the specific nature of experience it is important to distinguish between general principles of widespread value, and specific technical issues which may need much more local adaptation. This could be done on the basis of regional experiences shared among countries (Mercosur, CARICOM, ESAR, West Africa, Western Europe, Eastern Europe, etc.). Some respondents felt that materials tend to be *‘heavily African oriented’* and not as applicable to the local context. The name suggests for some that the series is based on

¹⁷ UNAIDS (2001): Best Practice Collection. <http://www.unaids.org/bestpractice/collection/index.html>

scientifically proven methods for universal application, whereas the series is more a description of context specific success stories, or ‘good’ practice.

4.39 If the BPC is to strengthen country capacity to scale-up, the process of knowledge management and identification of lessons learned has to be put alongside evidence about impact assessment, which at present is fairly weak (see Chapter 5). It might be more productive if the BPC materials were classified differently, drawing a clear distinction between innovations or state of the art experience, where practice is unproven in multiple settings or for which there is minimal objective evidence; and gradations of ‘good’ and ‘best’ practice, where the risk of the approach diminishes as evidence is gathered from multiple settings. Such distinctions might be more practical to support policy narratives for country level advocacy.

4.40 Some important issues emerge about benefits. Firstly, it is difficult to attribute cause and effect. Information or services from the UNAIDS Secretariat and cosponsors contribute only partially to decision-making. Many issues, such as access to treatment, are largely driven by the activist community.¹⁸ Secondly, information alone does not lead to behavioural change. Much of UNAIDS is correctly focused on political will as a determinant of national action, but this has generally overlooked the role of governance and community advocacy in determining political will (such as frank, open and inclusive public debates, in the context of accountable, democratic government).

Capacity building

4.41 Direct capacity building has taken place at UN, global, regional and national levels in different ways. GPA first provided support to the creation of national AIDS programmes and HIV/AIDS health related infrastructures; and UNDP gave the earliest support to NAP planning processes and NGO capacity reinforcement. The focus for UNAIDS has been to support or create an expanded response by bringing stakeholders, strategies and resources together. Capacity refers here to building decision-makers’ agendas, capacity to overcome stigma and discrimination, to create new spaces of dialogue, increase resources at national level, establish multisectorality and support monitoring and evaluation. Overall, using theme groups as an entry point and PAFs, UNAIDS aimed at creating the ground for the response. (Background Paper B, Chapter 4)

4.42 In most countries, the public sector is under-staffed or lacks skills and the UN agencies are to provide technical assistance to supplement the public sector’s human resources. This is being done, but mostly in a project context. UNDP supports communities. UNV/UNDP has placed a large number of volunteers, who work across sectors. However, the lessons that are there, such as those of UNICEF on community capacity development, have little hope of being put to wider effect beyond the project setting. The same reality of a weak public sector also prevents a shift to the provinces and the districts. As one UN staff member in Mozambique said ‘*we feel all the time we should move out of the capital, but then, when the headquarters are weak as they are, there still is so much work here*’.

4.43 Efforts at country level are complemented at regional levels by Inter Country Teams located in Pretoria, Abidjan, Bangkok, and Trinidad and Tobago. Over time ICTs became more involved in follow-up of country and regional initiatives, to create

¹⁸ A significant spur to drug pricing came from the launch by UNAIDS Secretariat and WHO of the Access to Care initiative in 1998, followed by Accelerated Access to Care.

an interface with regional institutions and partners (SADC, CARICOM, etc), and specifically because not all countries have CPAs. ICT do not direct but influence country CPAs' and UN Theme Groups' work. Box 5 illustrates initiatives to link regional and national responses, Background Paper B, Annex 3 has more details.

4.44 Human capacity building has been provided by having selected individuals go abroad for training in specific skills and have them as peer educators at their return. UNAIDS Inter Country Teams were instrumental in organising inter country exchange visits. This approach has become standard practice in many countries. To reinforce horizontal learning UNAIDS Technical Network Development (TND) has launched the Local Responses Initiatives which aims at sharing lessons from experiences and to scale up the response at community level (Mali, Thailand, Uganda, Zambia, Ghana, Burkina Faso, etc). In some countries, UNAIDS together with UNICEF and the World Bank is promoting a district level approach (Mali, Uganda, Burkina Faso, Zambia, Thailand, etc). A major limitation to these efforts has been the lack of strategic restitution or application of knowledge and skills gained during training, conferences, study tours such as the one undertaken by Senegalese teams participating to international conferences.

4.45 UNAIDS Secretariat and Inter Country Teams support the establishment of regional technical resource networks and databases of consultants as an effort for influencing-facilitating-bringing organisations together, and to 'stop doing'. The mechanisms may differ among regions (e.g. West and Central Africa ICT focus on direct support to CPAs, regional bodies and several task teams and media networks; ESAR where most countries have a CPA, the ICT focuses on cosponsors, SADC, commonwealth regional bodies, and information sharing, etc), but in all regions, countries benefited from a strong support for the national strategic planning process through the provision of regional or national training and planning consultants.

Box 5 Linking Regional and National responses

ASEAN – Indonesia In November 2001, the Association of South East Asian Nations (ASEAN) signed a declaration of commitment on HIV/AIDS, and endorsed the second 5-year Workplan. This plan aims to leverage political commitment through regional advocacy; use regional partners' technical and financial resources; mobilize resources; collaborate on policy and programme issues of common concern; develop regional (south-south) resource networks

Programme areas are 1) non-programme strategies (e.g. networks, involvement/participation in regional/global events); 2) Joint Action (e.g. access to drugs and testing reagents, inter-country activities) and 3) Regional experience sharing activities in support for national programmes. The Workplan is coordinated from the ASEAN Secretariat, based in Jakarta, by a full time HIV/AIDS staff member, and each country has focal points on HIV/AIDS. UNAIDS, both ICT and Jakarta offices, have been intimately involved with ASEAN Taskforce on AIDS (ATFOA) from the early stages.

In Chile and Argentina, as part of the **Southern Cone** Countries in the MERCOSUR region, five regional initiatives have been developed or are being developed in 2002. Regional issues seem to be responsive to the particular needs (technical and financial) of the countries and to largely reflect the epidemiological characteristics of the epidemic. The social, cultural, political and legal framework shared by the countries allow for the formulation of regional strategies. While the nature of the epidemic is somewhat dissimilar, the evaluation team found good evidence that regional projects were demand-driven.

The involvement of the Secretariat for Illicit Drugs and Narcotrafficking, SEDRONAR, in Argentina and its counterpart, CONACE, in Chile has added an important inter-sectoral component to the programme. Interagency collaboration is markedly strengthened with the

entry of the regional office of UNDCP as an executing partner in policy and programme development. The need for technical networking led to the creation in 1998 of the Latin American Harm Reduction Network, with UNAIDS support.

The scope to influence policy change and legislation is illustrated by the MERCOSUR business council meetings, the lobby for access to treatment and drugs, control of the quality of antiretroviral therapy, etc. UNDP has played an important role to assist in negotiation and purchase of medicine at reduced cost to. Respondents note that regional projects provide an implicit 'safety net' for heads of national AIDS programmes, politicians and activists, as they can be quick to point to their neighbours when questioned why certain activities are being proposed or undertaken.

Concluding comments

4.46 Good progress has been made in the development of informative materials. The Best Practice Collection is highly regarded, but limitations in language-availability and the practical challenge of distribution to the people who would most benefit are significant challenges. Greater understanding is needed about how to classify and structure material to help scaling up, and to link more closely to research into behaviour change.

4.47 Capacity building has been extensive but difficult to quantify and assess against need. Most support has a project orientation and it appears hard to extend to a wider audience. Support for national strategic planning is more visible than to help country implementation. Because so much implementation hinges on the skills and resources of grass-roots organisations, UN Integrated Workplans (discussed below) need to include a detailed analysis of stakeholders and needs, in order to identify how the CPA, theme group and cosponsors can give support at that level.

Coordination and better use of resources

4.48 Coordination is a commonplace term. Its everyday use masks a vagueness about its meaning. The interpretation used by the ET is in Box 6 and Annex 1. The process of coordination among the cosponsors has involved different mechanisms at global and national levels, though these are in many respects linked. Globally, the forces for coordination have been the work of the Secretariat and the cosponsors themselves, guided by the PCB and CCO. These two latter entities are discussed under organisation and management in Chapter 6. The joint programme is a unique creation and has had to find its own way at global level. At country level however, the programme was designed to build on wider efforts towards UN reform. So discussion there needs to take other influences into account.

Box 6 Coordination

'Coordination' is a central concept of the UNAIDS Programme. Yet there is no uniform understanding within the partnership of what coordination means.

In the view of the evaluation team, coordination is not an end in itself, but a means for achieving a particular goal. The goal of the UNAIDS Programme is not coordination of the UN, but coordination with regard to an expanded global response to HIV/AIDS. Coordination therefore does not imply doing everything together nor does it require coordinating everything with the partners. The touchstone of successful coordination is whether the agents of the expanded response have received the support they expect from the UN.

Global capacity has built slowly in the UN

4.49 Although one of the reasons behind creation of UNAIDS was to draw together disconnected efforts by UN agencies, there was little substantive capacity to tackle HIV/AIDS in those agencies. A review of experience by the cosponsors highlights that while development of capacity has now taken place amongst them all, these changes came only slowly after the establishment of the joint programme, were in some cases only prompted after evaluations or internal reviews and in all cases reveal a relatively low level of actual staff employed on HIV/AIDS issues. More details can be found in Background Papers C, Chapter 5 and D, Annex 3.

4.50 Some patterns exist among the agencies. UNICEF, UNDP and WHO have all, for different reasons, been slow to develop capacity and give priority to the programme. These three were seen at first as the least enthusiastic cosponsors, for reasons of history and from concerns about their individual roles. But all have made positive shifts, especially since 2000, to establish resources and mainstream policies. The 2002-2005 UNICEF Medium Term Strategic Plan introduces HIV/AIDS as one of five priority areas. Both UNDP and WHO have benefited from the arrival of a new chief executive; HIV/AIDS is now one of six top organisational priorities of UNDP action, WHO has upgraded HIV/AIDS from a division to a department and expanded staff more than tenfold.

4.51 UNFPA was a strong supporter in the early years, having established a clear mandate for prevention after the 1994 International Conference on Population and Development (ICPD). However, resources were slow to follow the mandate and substantive change only occurred after 1999, with the appointment of a focal point. Staff training followed in 2001, and publication of a Strategic Guidance document in 2002.

4.52 The evidence from UNESCO is mixed, with significant changes in 2001; the creation of a strategy for HIV/AIDS Preventive Education and a coordination group that reports directly to the Director General. But some concerns were voiced to the evaluation team that the governing body is not fully convinced of the operational emphasis on HIV/AIDS. UNDCP joined as the seventh cosponsor in 1999, with a history of work on harm reduction. A Drugs and HIV/AIDS adviser was appointed in 2001, but there are still questions about the commitment of senior managers, some of whom believe that HIV/AIDS prevention runs counter to the agency's mandate for drug control.

4.53 Despite the World Bank being an early supporter of the creation of UNAIDS, HIV/AIDS was not a priority for the Population, Health and Nutrition Sector Board until 1997, and then with only a half-time focal point during 1997-98. When change came it was at first concentrated in Africa, for which a strategy and a 5 person AIDS Campaign Team was created. In 2002, the focal point was promoted to a Bank-wide position. ILO was closely interested in HIV/AIDS in the 1980s, which faded away but is now reappearing with new structures and activities, including an interest in the impact on human capital. It became the eighth cosponsor in October 2001.

4.54 Quantification of effort is difficult as many roles are mainstreamed and budgets do not clearly identify all HIV/AIDS elements. But the overall evidence shows the cosponsor response to be too little and too slow for the first 2 to 3 years. Only since then has the response started to match the need. Wider development of understanding about how to mainstream HIV/AIDS is still inadequate.

Global consensus of policy and programmes

4.55 One of the ECOSOC objectives was to achieve and promote global consensus on policy and programme approaches. This goes beyond the UN agencies, but an integrated and coherent approach by the cosponsors is a necessary condition for this objective to be reached.

4.56 The evolution of strategy can be traced through five landmark documents prepared by the Secretariat and cosponsors: the 1996-2000 Strategic Plan; the 2000-2001 Unified Budget and Workplan (UBW); the 2001 Global Strategy Framework; the 2001-2005 UN System Strategic Plan (UNSSP); and the 2002-2003 UBW. The progression of these documents has seen four important changes. Firstly, the strategy has evolved into a more operational presentation; secondly the core concept of an expanded response has been rationalised (see Box 7); thirdly, the objectives have been structured to identify impact, outcomes and outputs, which will facilitate monitoring of cosponsor contributions and progress towards goals; lastly the programming contributions of cosponsors are more focused. The evolution is described in Background Paper C, Chapter 2.

4.57 The roles of the strategies and UBW were complementary, but different. The UBW is essentially an internal document to structure spending and strategy among the cosponsors and Secretariat at global and regional levels. These were slow to influence cosponsor performance, not least because the global funding mechanism was ineffective and, prior to 2002, cosponsors felt they did not benefit from the process. The strategies were more outward looking. Good policy needs effective narrative. The complexity of the first strategy did nothing to help advocacy, the 2001 strategy has a clearer message with significant elements such as the attention paid to placing children, young people and greater participation, especially of PLWHA, at the centre of the response.

Box 7 Expanded response

The 'expanded response' concept has spurred a lot of discussion and some degree of confusion amongst those closely involved with the UNAIDS partnership. The concept is rather less familiar to others. At the outset, expanded response signalled extending action beyond the traditional confines of a public health response. The UNAIDS Strategic Plan 1996-2000 (page 4), discusses the expanded response by pointing to the *"need to increase the quality, intensity, duration and scope of our response. Action needs to be broad-based and multisectoral."*

The concept has evolved since. The 1998-1999 budget and workplan (page 32), discusses an expanded response as one that *"involves the process of enhancing risk-reduction actions amongst a range of partners, as well as those that target more fundamental factors that create and perpetuate vulnerability, and pose barriers to the reduction of vulnerability, including those that perpetuate discrimination, gender inequities and societal marginalization. The core pathways may be seen as enhancing scope, diversity, geographic coverage cross-sectoral involvement, quality, partnerships, resources and sustainability of these efforts."*

The Global Strategy Framework defines an expanded response as one that acts simultaneously on risk, vulnerability and impact. This places the emphasis on the comprehensiveness of approach rather than scale or means of intervention and as such is a shift towards an outcome-based approach rather than activity or output-based. The

approach is endorsed by 29 UN agencies and organisations in the UN System Strategic Plan, although it is not clear how it will be applied to policy advice at national level.

4.58 Interviews with staff of the cosponsors and Secretariat present a complex picture about working together. A summary is to say that relationships were driven in the early years by concerns over mandates and inter-agency rivalry. To a large extent this reflected more widespread pressures within the UN. An example is the publication of 'Confronting AIDS', a World Bank policy research report.¹⁹ This report, drew on epidemiology, public health insights about disease control and public economics to highlight a clear message that a high priority needs to be given to measures that prevent infection among those groups in society most likely to contract and spread HIV – targeted interventions. Issues of treatment and care were also explored, but in the context of the cost and availability of drug regimes at that time. This work is an example both of the substantial contribution to policy development by the World Bank but also a degree of isolation of the Bank from the other cosponsors.

4.59 Coordination at operational levels has benefited from Inter-Agency Task Teams, the first generation of which was set up between 1997 and 2000. Their main goal was to work out a common understanding, consensus and division of labour amongst cosponsors with a view to solving common problems and developing collective responses. Some operated like working groups with no particular obligation to produce results (young people, education), others were more goal-driven. All in all, results were highly variable. The IATT on MTCT, in existence since 1998, was cited as an example of success. It prompted UNICEF to implement some pilot projects which involved WHO in a technical monitoring role. Inter-agency working level contacts were sporadic until 1999, but took off with the development of the 2000-2001 UBW. Reform in 2001 gave them a particular status. They would henceforth be approved by the Committee of Cosponsoring Organisations (CCO) and be directly accountable to the Committee; they would have very specific tasks or deal with complex issues that would benefit from a diverse perspective.

4.60 The CCO created a 'convening agency' concept and designated agencies for coordination in fourteen key thematic areas. For example, WHO for care and support, and prevention of mother to child transmission; the UNAIDS Secretariat for commercial sex workers (CSW) and their clients, and men who have sex with men (MSM), as well as for monitoring and evaluation at global level. Competency for young people has been assigned to UNFPA; with UNICEF in charge of children; UNDP for governance and development planning; and the World Bank monitoring and evaluation.

4.61 Both arrangements are designed to move policy leadership and coordinating responsibilities beyond the UNAIDS Secretariat. Yet the decision to place responsibility for CSW and MSM with the Secretariat reveals both a practical response and the failure of the cosponsors to tackle the fundamental issues of HIV/AIDS. It is too early to tell whether the demarcation will help competency squabbles amongst agencies and how it will affect agency behaviour.

¹⁹ World Bank (1999) *Confronting AIDS. Public priorities in a global epidemic*. OUP. The report was written in collaboration with UNAIDS Secretariat, but with little or no substantive involvement of other cosponsors.

4.62 Any assessment must recognise that the mechanisms of the joint programme only addressed in part the shortcomings identified under the GPA. Arrangements at global level were designed to create an operating environment in which ineffective links between accepted global policies and strategies and action at country level would be resolved. The Secretariat and Committee of Cosponsoring Organisations (CCO) were to tackle technical advice and resolve conflicting interpretations of each other's mandates and areas of expertise. The low level of enthusiasm by the cosponsors resulted in the Secretariat having to spend a disproportionate effort dealing with internal issues. Real progress only came from 1999 onwards.

4.63 The Secretariat's task was not helped by the action of OECD donors not to transfer their budget allocations for GPA to the joint programme, thus removing any leverage the Secretariat might have had. Leaving the cosponsors to compete for financial resources removed a powerful incentive for collaborative action because in effect the programme has no real influence over cosponsor work at country level, an issue taken up in Chapter 6. Against this difficult environment UNAIDS has succeeded in creating a policy environment and agreed strategy that is now genuinely owned by the cosponsors.

Coordination and resource allocation at national level

4.64 The MOU establishing the joint programme is very clear that the cosponsors are required to incorporate '*the normative work by UNAIDS into activities at country level*' and that UNAIDS is tasked '*to facilitate coordination among the cosponsors*'. The language of the MOU fails to discriminate between the Secretariat and the joint programme as a whole, but the intention is obvious. Coordination at country level has many dimensions. One is UN support towards specific objectives such as a national strategic plan, political commitment and resource allocation. Another is the promotion of coordinating processes such as national AIDS councils and multisectoral *fora*, sometimes linked to theme groups. There is also the development of UN products such as an integrated workplan for UN agencies, and the link between this and other UN processes such as the Common Country Assessment (CCA) and UN Development Assistance Framework (UNDAF). In the view of the evaluation team, all coordination must be judged in terms of contribution towards an expanded national response (see Box 6). But for the purposes of analysis, a distinction is drawn between the 'internal cooperation efficiency' of the cosponsors, and the 'external efficiency' towards an expanded response.

4.65 The performance of the joint programme at country level is one that is harder to identify than for global achievements. Partly this is because country diversity is so great, not only in resources and commitment, but also in the current state of the epidemic and the impact that has on national consciousness and policy. Furthermore, there are few independent evaluations of the work of the cosponsors or any of the institutional mechanisms, on which to base firm conclusions.²⁰

4.66 This section looks briefly at national plans, taking in the views from other partners about the achievements of UNAIDS. Next, the theme group approach is reviewed, followed by the integrated workplan. Last the issue of resources is examined. The role and performance of the country programme adviser is discussed in Chapter 6.

²⁰ The evaluation has made extensive use of any evaluation reports available in the countries visited, reported in the country working papers, and of evaluations conducted by the Secretariat and cosponsors. These are listed in the selected bibliography in Annex 1 and in each CWP.

4.67 In addition to support at national level, the Secretariat has supported work regionally, through inter-country teams and other initiatives with the cosponsors such as the International Partnership Against AIDS in Africa. IPAA. Details can be found in Background Paper C, Box 2. Lessons need to be drawn from the IPAA. This involved high start up costs by donors and UNAIDS. It laid the groundwork for the World Bank MAP, broader engagement of the Secretary General, re-engagement of the media and Security Council deliberations on HIV/AIDS in Africa. Globally it was significant. OECD resource commitments followed, but the extent to which the funding was genuinely additional is hard to determine. And despite a substantial effort to design an M&E programme there is little evidence of any subsequent attributable outcomes at country level. The IPAA process served multiple, global and country, objectives and raised country expectations that have not been met.

4.68 Evidence gathered during the country visits reveals that successful regional programmes are ones that respond to regional demand, such as for cross border issues like migration or transport corridors, or where there is scope to learn from experience in a neighbouring country with similar culture and type of epidemic. Links to regional political entities are beneficial. The test of these initiatives is their impact on the national response.

National strategic plans have been prepared

4.69 One of the main elements of country actions started by the GPA was national planning. This was taken over by UNAIDS, which has given high priority to helping countries develop national strategic plans. These have been achieved or are underway in 94 countries. The planning follows a process designed to bring together actors from government, civil society, vulnerable groups and the private sector. Whilst some respondents find that process rather protracted, this work has attracted some of the strongest praise for UNAIDS, especially by international NGOs.

4.70 The planning process has acted directly to tackle some of the constraints that hindered similar attempts by the GPA.²¹ *Inconsistent commitment from national and local leaders* remains an aspect that probably requires continual monitoring, but the improved global framework through UNGASS has helped provide a structure that has potential for real influence on domestic decisions. It also provides a new role for UNAIDS to monitor countries meeting their commitments. The participatory element of the process also creates space for commitments to be challenged and monitored by civil society. The emergence in parallel of participatory forums or expanded UN theme groups on HIV/AIDS together with consultative processes to support poverty reduction strategies is thought to have strengthened the voice of civil society organisations and help overcome *weak involvement of non-governmental groups*. But in many countries, *restrictive social and cultural values* remain and can distort strategies like promotion of condoms or in dealing with women in the context of sexual and reproductive practices. These were identified as a specific hurdle to overcome in the International Partnership Against AIDS in Africa but apply in other regions as well.

4.71 Evidence about progress to strengthen *involvement of sectors other than health* is mixed. Whilst a majority of countries have multisectoral strategies, the role of those sectors and the link between sectoral objectives and national strategy, is not always clear. Budgets are sometimes held under a ministry of health or the national AIDS programme. Even where sectoral involvement is planned, actual expenditure and

²¹ These are described in more detail in Background Paper C, Chapter 3

implementation can be difficult to trace and is sometimes isolated in a personnel or health department, rather than under line management. World Bank support to National AIDS Commissions has been beneficial in spreading multisectoral involvement and disbursement procedures under the MAP have helped channel funds to grass root actors.

4.72 The two most often quoted sectors where HIV/AIDS has been taken up are education and the uniform services, especially defence. Given the nature of transmission and the responsibility of military authorities to maintain healthy, operational forces, it is not surprising to find attention to sex education and prevention. It would be hard to attribute this achievement to UNAIDS, or even the GPA. In the most progressive settings sectors have embraced policies for people at work, legislation to counter discrimination in the workplace, and programmes to offer prevention, counselling and testing, treatment, and care. Indian Railways is a good example of this. But generally, multisectoral implementation is an area where action is slow to get underway and potential is not yet realised. In many settings the health sector ministries have retained control over both policy and the national HIV/AIDS budget.

4.73 Two immediate benefits from creation of national strategies have been to improve *donor coordination and cooperation*, and plan for *capacity development of national structures, especially in the health system*. OECD donors report that a sound national strategy enables them to coordinate and programme assistance more effectively. Donors acknowledge that the country work of UNAIDS has helped them develop country or regional programmes. Strategies help highlight capacity problems for action by the cosponsors and donors. They provide the framework under which programmes such as the MAP can channel funds to implementing organisations.

Theme groups and expanded forums

4.74 The UN Theme Group on HIV/AIDS is the lead mechanism for the work of UNAIDS at country level. It operates under the resident coordinator system and was specified in the MOU that established UNAIDS. There is no single model for the theme groups. Originally conceived as a mechanism for inter-agency coordination, membership was to be from each cosponsoring agency, under a mutually acceptable chair, reporting to the UN Resident Coordinator (RC). More than any other aspect of country operations, this was the main feature of UN reform in UNAIDS. Many variations have developed according to level of membership, involvement of UN agencies that are not cosponsors, the arrangements for chairing,²² the extent of expanding membership to government, OECD bilateral donors, NGOs, PLWHA and the private sector.²³ In many countries there is some form of technical working group that reports to the theme group; arrangements for numbers, membership and objectives vary widely.²⁴ The role and workings of theme groups is described in Background Papers C, Chapter 6 and D, Chapter 2.

4.75 The work of the groups falls in the three general areas of advocacy, information and coordination, and involves both joint and individual actions, as well as inward-

²² In 2000, according to the Secretariat, cosponsors held the chair in the following proportions: WHO 31%, UNICEF 21%, UNDP 13%, UNFPA 22%, UNESCO 6%, UNDCP 2%, World Bank 5%.

²³ In 2000, the proportion of expanded groups was: Africa 90%, Asia/Pacific 60%, Latin America/Caribbean 77%, and Eastern Europe 76%.

²⁴ For example, in India there is in addition a unique body, a 'virtual team' of technical staff appointed (and initially paid for by the Secretariat) to each cosponsor, to provide a working structure below the level of heads of agency

partnership and outward-expanded response-focused actions. While early joint planning efforts by theme groups were limited to activities involving all members, such as advocacy and resource mobilisation, it was expected that progressive integration would result in more joint and collaborative activities. It is noteworthy, that despite being seen as a model for the Country Consultative Mechanism (CCM) adopted by the Global Fund to Fight AIDS, TB and Malaria, the theme group has no formal relationship to the CCM. To the extent that this reflects a sense of frustration by the fund's architects to the UN orientation of the theme group it is understandable, yet also a wasted opportunity for UNAIDS. The theme group has a significant role to play to support the fund, especially with regards to additionality of funding and contribution towards an expanded response.

4.76 The theme groups are assessed by governments, NGOs and OECD donors to be a valuable forum to share information, utilise scarce expertise, build understanding and exchange ideas. This judgement is almost universal and reflects a need for groups tackling HIV/AIDS to have a common forum. In a number of instances the HIV/AIDS theme group was commended as more effective than other UN theme groups, owing mainly to the presence and role of the CPA as convener and facilitator.

4.77 One of the most frequently cited benefits has been where groups have been expanded. But paradoxically, the expansion has also led to criticisms that the work of the group is unfocused and not business-like. In the view of the evaluation team, insufficient attention has been given to the objectives of the theme group and the appropriate forum to achieve those objectives. It is unlikely that the right forum to share information and promote the greater involvement of sectors of society is the same as to coordinate the UN response.

4.78 Few cosponsors were able to report clear evidence of a changed way of working as a result of UNAIDS. There remains a small but significant view, both within the UN and by outside observers, that the cosponsors' programmes are still driven more by the policies of their headquarters than by the needs of countries.²⁵ The challenge is for the cosponsors to build on those areas where they possess genuine strengths, resolve lead roles and present a unitary front to government, rather than the divisive separate relationships with specific ministries.

4.79 Key informants identify a range of factors that limit cosponsor coordination. Direction from cosponsor headquarters is still not sufficiently clear that the performance of theme groups is a key measure of representatives' performance. There are no objective performance measures for the theme groups, nor is it clear who they are accountable to. Some of the UN agencies report feeling threatened by the collaborative working style; there are still instances where there is uncertainty about the role and mandate of the groups; there are no incentives for collaborative action other than personal compatibility and individual willingness; and financial arrangements still favour cosponsors working individually on programmes. Evidence from the countries visited is supported by the opinions reported from donor country offices, which characterises UN coordination at country level as weak. A key failure of UN reform thus far has been the inability to break fragmented preferential relations at country level in favour of a united, coherent UN presence.

²⁵ In a questionnaire to a sample of UNAIDS country and inter-country staff the following proportions of respondents considered programmes of the cosponsors to be entirely or mainly driven by their HQ: UNICEF 13%; UNDP 19%; UNFPA 22%; UNDCP 12%; UNESCO 28%; WHO 19%; ILO 15% and World Bank 38%. (n=32)

Integrated UN workplan

4.80 The majority of theme groups (60 per cent in 2001) have gone through prioritisation and planning exercises leading to integrated work plans (IWPs),²⁶ regarded by the Secretariat as: *'the single most valuable indicator of the commitment of the United Nations system to effective coordination and thus of an operational Joint United Nations Programme on HIV/AIDS.'*²⁷ (Background Paper C, Chapter 6)

4.81 The term integrated is potentially misleading. It does not mean that the actions of the cosponsors should all be conducted jointly or hand-in-hand. The focus is for the work planning to consider the country's needs as a whole. The rationale is well described by the Secretariat: activities need to be based on strategic choices about how UNAIDS can contribute to what needs to be done; who amongst the cosponsors and the Secretariat is best positioned, and which activities need to be carried out jointly or primarily by one agency; how to distribute and optimally use funds and what further funds need to be sought; and how progress towards achieving results will be measured.²⁸

4.82 Overall, their quality has been highly uneven. Many of these plans are described by one cosponsor as *'glorified inventories'*. A review in 2000 found less than half of them had their funding fully secured. The extent to which IWPs are reflective of genuine effective collaboration, and coordinated and prioritised action of the UN system is doubtful, and so is their contribution to a more effective national response. IWPs do not systematically reflect how the activities of the UNAIDS partners relate to other actors (donors, NGOs) and how they fit within the context of governments' own programmes. Neither do they meet the standards set in the undg Guidance Note on preparing joint programmes and projects.

4.83 In the view of the Evaluation Team these integrated workplans are not effective coordinated plans and will not lead to a more coordinated UN response. Specific criticisms are:

- The plans lack any presentation of the skills, capacity or financial resources brought by each cosponsor
- There is no analysis of the comparative advantage of the UN agencies alongside OECD bilateral donors and other stakeholders
- There is no assessment of national demand and gaps between existing programmes and stated needs
- The matrix of actions is primarily a way of fitting the programmes of the cosponsors into the national strategy, rather than designing programmes to meet national needs

By working from the programmes of the cosponsors the approach is, in effect, supply-driven and the CPA or UNAIDS Secretariat has little real power to influence this.

4.84 Criticism of the Integrated Workplans must be seen in the context of other parallel actions intended to improve UN support to countries. The most relevant

²⁶ In fact, the March 1998 CCO had recommended that all countries should complete integrated plans by the year 2000; 73 had been prepared by 2001.

²⁷ UNAIDS (March 2000) United Nations System Integrated Planning in Support of the National Response to HIV/AIDS, page 3

²⁸ This reflects guidance on joint programming given by the UN Development Group in New York, which calls for plans to have a clear demonstration of the value added from joint UN intervention. See also the interpretation of 'integrated' in Annex 1.

exercise is the CCA/UNDAF process, mentioned above. An internal assessment of the UNDAF in 2001 concluded, among other things that, whilst the process *'has no doubt contributed to giving the UN a leverage and a visibility in the development process'* ... *'UNDAF documents are too generalised to serve any serious planning purpose. They focus too much on description and too little on substance. ... There is an absence of target setting with an indication of what actions the UN intends to take. UNDAF does not have information on other donor activities with an explanation of why and how the UN has chosen its particular focus within the context of governments' own programmes'*.²⁹ The IWPs are created by the same country personnel as work on the CCA/UNDAF, so it is not surprising that the IWPs are not significantly better.

4.85 In virtually all countries visited there is evidence of increasing resources: from the cosponsors, from bilateral OECD donors and in some instances from the national budget. Bilateral donors in particular see the national strategies as providing a sound organising framework from which to plan financial and technical assistance. Unfortunately, the evidence is scattered and not suited to a simple presentation. What is significant is the relative scale of resources and the implications this has for the joint programme and role of the UN. For example, in India, donor finance as a whole is less than 9 per cent of the development budget. Support for HIV/AIDS by DFID, USAID and the World Bank amounts to nearly \$300 million in the five years 1999-2004 whilst support from the other UN agencies collectively is hundreds of thousands of dollars per year. A similar picture is found in other countries.

4.86 Given the relatively small scale of UN financial support it is necessary to be clear about the role of UNAIDS. The evaluation team has found little independent material about country-level performance. However, one OECD donor sponsored an institutional review of UNAIDS in India. That review concluded that UNAIDS was best placed to fill roles of advocacy, facilitation and knowledge management. Its coordination role was seen as having a comparative advantage only in stimulating a swifter and more effective UN response, a view shared by other bilateral donors.

Concluding comments

4.87 At the outset, UNAIDS was anything but a joint programme. The cosponsors were unenthusiastic, and despite advance notice dating back to 1993, took little action to establish real capacity until two or more years after the programme started. Faced with this environment, much of the work of the Secretariat was devoted to securing commitments from the cosponsors that would galvanise global action. Financial arrangements brought cosponsors neither benefits in the form of extra funds, nor support through commitments to fund. In that sense, the word cosponsor is a complete misnomer. A key concept, the expanded response, has changed from time to time and never been presented in a practical format that would enable monitoring of country response.

4.88 Joint ownership has come slowly at global level, but there are good signs it is starting to be effective. In contrast, joint working was more visible early on at country level, but has not lived up to expectations.

²⁹ Adedeji, Professor Adebayo., Mary McCowan and Devaki Jain (2001) Impact Evaluation of the United Nations Development Assistance Framework (UNDAF). 2001 External Assessment of the UNDAF. UNDG, New York

4.89 UN theme groups for HIV/AIDS have worked quite well, as a means of stimulating inclusiveness and ownership. In the best examples there is a process of transition: from UN Theme Group to Expanded Theme Group; then a Partnership Forum under national management, with the UN reverting to a UN-only Theme Group.³⁰ The primary achievement of most theme groups has been to support government in developing a national strategy. They are widely welcomed and the work of the UN has ensured broad consultation with sectors of society, opening the way for government programmes to be monitored. They have also fostered the entry of civil society organisations and PLWHA into the national strategy debate. Civil society organisations have found benefits of working with UNAIDS, gaining access to information, contributing to and benefiting from learning, and finding their experience and opinions valued.

4.90 But implementation of national strategies is more difficult and here most of the cosponsors are less effective, not least because the aims of joint programming under UN reform have not been met. Real influence comes from OECD donors or the World Bank, all of whom have large resources compared with the other cosponsors. Faced with this, it is vital the cosponsors identify their comparative advantage and work to fill gaps and support government, with policies and technical capacity. The cosponsors have prepared Integrated Workplans to support the national strategy, but these are mostly poor documents that fail to identify country needs and a joint response, and appear to be little more than repackaging of agency programmes. Two instrumental weaknesses are taken up in Chapter 6: Funding for the cosponsors' country programmes is outside the control of UNAIDS, and the theme groups are not accountable to the PCB.

5 National outcomes

Expanded response and potential for impact

5.1 Three ECOSOC objectives relate to outcomes at country level: *'to strengthen the capacity to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level'*; *'to strengthen the capacity of national governments to develop comprehensive national strategies and implement effective HIV/AIDS activities'*; and *'to promote broad-based political and social mobilisation to prevent and respond to HIV/AIDS'*. The underlined sections refer specifically to national implementation. These objectives have been interpreted by UNAIDS into an outcome objective of an expanded national response and resources focused on agreed goals, to lead to the impact of reduced HIV transmission, reduced HIV/AIDS vulnerability and reduced impact from the disease.

5.2 As the earlier sections have shown, there has been clear progress with developing national strategic plans. These have shifted away from the blueprint approach characteristic of the GPA; in a majority of cases they have objectives with monitorable indicators; introduced a measure of a multisectoral response, especially with leading roles for education and the uniformed services, such as defence; and have been prepared in consultation with PLWHA, civil society, the private sector and the donor community.

³⁰ Terminology is used rather loosely as regards expanded theme groups. The evaluation team uses 'partnership forum' to mean something led and managed by national entities, with active involvement of international bodies, not a donors grouping, as the term is used in Burkina Faso.

5.3 Findings from the country visits show that it has been easier to create new strategies than to establish new ways of working to implement those strategies. The most successful elements of the strategies has been their inclusiveness, bringing a national consensus not found in earlier approaches; and the adoption of those strategies as a framework by OECD bilateral donors, in order to structure their support to government. It is not possible to attribute policy changes arising from those strategies solely to UNAIDS, as most donors advocate the same approaches.

5.4 The findings by the evaluation team in countries visited is that the UN system has followed the conventional path in its social mobilisation, and has not worked from a perspective of ‘who else in this country would really make a difference, and should therefore be involved, no matter what the difficulties’ – which is the approach that is now taken by the UNAIDS Secretariat at a global level, particularly in brokering partnerships. Social mobilisation at all levels has required facilitation and yet capacity for this has been problematic, which is not surprising as sensitive facilitation is needed, and conventional project designs can defeat the purpose of low-profile process-oriented facilitation. (See Background Paper A, Chapter 7)

5.5 Weaknesses that are found in implementation of national strategies centre on several elements. Firstly, country approaches tend still to be dominated by health ministries and the medical system, sometimes centralising control over budgets. Secondly, institutional solutions to managing a multisectoral response are difficult to manage, especially where budgets are concentrated in the health sector. Thirdly, national strategies tend to be top-down and not to emphasise horizontal learning at community level, or scaling up.

5.6 The epidemic clearly requires an indigenous response. Prompting this response is not a matter of routine interventions, nor has participatory planning been sufficient to make it happen. ECOSOC objectives do not acknowledge this particular difficulty. In successful countries increased capacity and examples of good practice have come together to make behaviour change and acceptance of sensitive changes in institutional routines a visible reality. In other countries large scale national plans have been too distant from sectoral realities to set off this process, and the initial difficulty of starting the process has been underestimated.

5.7 The evidence is that the commitment that is required at local level cannot be imposed, nor be claimed. Where the response has to be truly extraordinary is in the design of interventions that are meant to help people cope with the epidemic, in a way that is replicable. The answer to this design problem has not been given; the evaluation team has some hope it may come from a wider and more skilful application of horizontal learning.³¹

Monitoring and evaluation

5.8 A high priority has been given by UNAIDS to tracking the epidemic, and arrangements for facility-based surveillance. This is in place in most countries. It is recognised that monitoring behavioural change is a high priority. Data collection modules have been designed covering programme performance, population surveys and

³¹ Dr Piot in his May 2002 report to the PCB says as much: ‘No set of interventions brought from outside, no matter how effective or innovative, can substitute for the ‘ownership’ necessary to make them work and to expand them nationwide. Capacity-strengthening initiatives and greater emphasis on human resources are essential. There simply is no short cut to long-term strengthening of knowledge, skills and confidence at community level.’

facility-based assessment.³² The country studies found evidence of the use of these surveys, but not systematic, mostly localised and largely funded through donor project channels. In those that have been reported, findings tend to show relatively high levels of awareness but little or no evidence of behavioural change. One independent survey of the education sector in four African countries found little hard evidence that school-based education has had a major impact on sexual behaviour.³³ Overall, data are not fully used to develop targeted and theory based interventions, which could be attributed to the lack of technical expertise in this area at both UN and national level. This must be tackled as a priority for UNAIDS

5.9 The importance of tracking outcomes at country level is well recognised by UNAIDS. Four specific initiatives have been made: development of an evaluation framework for the major strategic functions of UNAIDS; development of a Guide to Monitoring and Evaluation of National AIDS Programmes; preparation of Country Implementation Readiness Profiles, to track the national response; and, in a related initiative, an M&E framework for the International Programme Against AIDS in Africa (IPAA), to track the process of organising a response.

5.10 Progress to develop a M&E framework for UNAIDS has been slow and a source of criticism about the joint programme. Progress to develop and implement monitoring at country level has been even slower, reflecting reluctance and a lack of institutional capacity by many countries to grapple with the scale of the epidemic, the rate of growth of prevalence and the nature of its distribution among the population. National statistics are an area where the UN can only advise and support governments. The evaluation team found sensitivity in government about national data on prevalence in a majority of the countries visited.

5.11 In the judgement of the evaluation team, a lack of data is a major contributory factor to hold back community initiatives and scaling up. Scaling up typically involves both vertical and horizontal processes. Vertical is the development of institutional and policy changes to support the context under which innovations are successful; horizontal is the process of replication. Both require evidence of what works and in what context (effectiveness), and analysis of the resource implications to plan for wider application (efficiency). (See scaling-up in the Glossary, Annex 1.) At the time of writing, the Indian Government is supporting an evaluation of targeted interventions, in order to prepare for national scaling-up. But this is the only example known to the evaluation. Shortage of data about the effectiveness of interventions continues to restrict the ability of national planners to base interventions on assessment of the costs and benefits of different approaches. Arrangements to track the national response need to be included in the UNAIDS country implementation readiness profile and as an indicator of country performance.

Box 8 From plans to implementation

The experience in Uganda demonstrates that an expanded response to HIV/AIDS is a cumulative process, with different experiences and impulses adding up to behaviour change. The more people are exposed to convincing examples of good practice, the easier, and faster,

³² UNAIDS (2000) National AIDS Programmes. A guide to Monitoring and Evaluation, Panel 1. USAID has been particularly supportive of work to strengthen M&E.

³³ In a speech to the 12th PCB, the Executive Director reported empirical evidence that demonstrates impact against the disease: halving of AIDS mortality in Brazil and reduction in HIV prevalence among some populations; reduced prevalence in Cambodia and Zambia; and sustained progress in Uganda and Thailand. 29 May 2002

the process of change runs – the ‘costs’ decrease, and this is where the success of horizontal learning has its bearings. The examples of good practice need to be diverse, because different people respond to different stimuli. Yet there is no firm recipe for success, the response may start anywhere, provided the actions are out there for all to see and learn from.

The above is not new, of course. But the combination of lessons – that a response starts from internalisation (or competence, or gender and human rights) and is incremental – is in the opinion of the evaluation team insufficiently reflected in the UN system’s support to countries. The evidence is that whereas the UN system has been instrumental in strategic planning, mechanisms for planning to be interlinked with implementation have been lacking. The potential of incremental learning and replication has yet to be realised. The sheer size of national planning exercises has made the end results – the plans - impersonal, even where the preparatory part of situational analysis and response analysis had been an effort to internalise the problems at hand. As one donor representative said after her visit to a country in Africa ‘*The national HIV/AIDS strategy we were discussing could just as well have been about railways, or agriculture – it was void of any emotion*’.

5.12 Taking into account the evidence about development of national plans, moves towards more participatory and inclusive processes, and expansion of resources, the evaluation team characterises progress in most countries as a movement towards an expanded response, but nowhere is there sufficient evidence to claim that an expanded response has been achieved. Part of the evaluation mandate was to enquire about the potential for impact and the likelihood of attributing causality to UNAIDS. These enquiries have proved unproductive in the face of such limited data and in the judgement of the evaluation team, in view of the important leading role of government and joint support by UN and OECD donors alike, it is unlikely that a convincing case could be made to attribute impact to the work of UNAIDS.

6 Organisation and management

A joint programme

6.1 The rationale for the creation of the joint programme was the development of a more coherent and intensified response of the United Nations system. As the name ‘joint and cosponsored programme’ suggests, the institutional strategy, designed to realize the potential of the UN system in support of an expanded response to HIV/AIDS, rests on two main pillars:

- Integration of core business functions, involving joint executive management, unified strategic planning and, to a certain degree, a shared organizational identity and resources (*joint*)
- Harmonization of UNAIDS partner policies and programmes with and support of the joint normative work and strategies as part of their commitment to the common framework (*cosponsored*)

6.2 The move to a more integrated and hence interdependent mode of operation was necessitated by the multi-sectoral and multi-disciplinary nature of the HIV/AIDS epidemic as well as the acute emergency situation. By delegating the management support function to a specialized secretariat the programme was to reap economies of scale and scope through streamlined planning processes and a specialized capacity to keep the focus on the overall picture. In turn, ‘*co-ownership*’ (joint responsibility) and

'cosponsorship' (joint commitment)³⁴ would ensure that the joint decisions are backed by the UNAIDS partners because it is in their best interest to do so. Analysis of management and governance is drawn in the main from Background Paper D.

Programme Instruments - Global level

Committee of Cosponsoring Organizations (CCO)

6.3 The Committee of Cosponsoring Organizations was the first building block of the UNAIDS Programme. Growing out of an existing Inter-Agency Advisory Group on AIDS it came into existence in 1994. The CCO was designed to be the central partnership forum at the executive level. Its goal was to ensure overall coherence of joint and individual activities of the participating agencies, *inter alia*, through executive level commitment. While in many ways the logical role of the CCO was akin to that of a board of the joint programme, its terms of reference reflected a more consultative nature (see the intended functions of the CCO in Annex 4).

6.4 The early CCO meetings were reportedly very contentious since they centred on the basic relationships amongst the participants, including issues of money and status, such as who would represent the UN response at country level. Later meetings turned to more technical and housekeeping issues. The practice today is to have the heads of agencies meet once a year ahead of the Programme Coordinating Board (PCB), and for the HIV/AIDS focal points to meet twice a year to deal with CCO matters.

6.5 There is ambiguity as to what exactly is the role of the CCO today. A statutory endorsement function in regard to the budget and work plan notwithstanding, it is difficult to appreciate the committee's practical importance in ensuring the coherence of the overall UNAIDS programme and their individual agency contributions. It is easier to say what the CCO is not, than what it is:

- It is not involved in managing the joint parts of the programme; nor does it perform an explicit governance function in regard to UNAIDS Secretariat activities.
- It does not have joint immediate authority over cosponsor programmes but only for those activities financed from the UBW.
- It is not accountable to the PCB in spite of its status as a standing committee of the Board.

6.6 Cosponsors consider the CCO to be more of an information forum for loose policy coordination and a testing ground for what Secretariat is proposing before going to the PCB, rather than a decision-making or monitoring body. The CCO provides an opportunity for the UNAIDS partner agencies to learn about each other and to promote greater involvement of cosponsors. Regular rotation of chairpersons has been helpful in this respect.

6.7 For much of its existence (except for the earliest and most recent meetings) the CCO has not fulfilled its role as a forum for joint decision making of cosponsors and Secretariat. This has left a vacuum in terms of overall programme strategic management. The relationship between Secretariat and individual agency action under the joint programme is not properly managed as envisaged in the MOU. Coordination between the joint programme and the cosponsors' own programmes lacks more explicit executive-level linkage and reinforcement.

³⁴ (ECOSOC E/1995/71/Section 5)

*Unified Budget and Work Plan (UBW)*³⁵

6.8 Joint finance and programme planning is the linchpin of more coherent UN system action in support of an expanded response. It helps apportion funds to priorities based on jointly identified needs and thus provides the proper basis for more interdependent programming of the UNAIDS partners. The budget and workplan document also serves as negotiating instrument for combined resource mobilisation and as framework for partner commitment, monitoring and accountability.

6.9 The creation of the UNAIDS Programme came at a difficult time as development budgets in the OECD countries were squeezed by budgetary deficits and growing disenchantment in the effect of technical cooperation. Levels of Official Development Aid were declining in real terms.

6.10 Fund raising during the first biennium was much less integrated than had been hoped for. Expectations that cosponsors would contribute financially to the programme and assist in fund-raising through a coordinated approach to a wide range of potential donors proved largely unrealistic.³⁶ The process of putting together a Coordinated Appeal was reportedly very contentious, political and painful. The experience of the second biennium showed little improvement.

6.11 The 2000-2001 budgeting exercise abandoned the unsuccessful Consolidated Appeals process in favour of what was called the first 'Unified Budget and Workplan'. Cosponsor regional and global-level HIV/AIDS activities were integrated into a joint funding and allocation mechanism to the extent they are jointly agreed upon. In an effort of further integration, the budget document also includes an addendum with information on cosponsor core funds allocated to HIV/AIDS. The latter offers evidence of the great difficulties cosponsoring agencies faced in providing accurate information on their HIV/AIDS-related action in the absence of proper internal activity and financial tracking. The UNAIDS Secretariat took lead responsibility for raising the totality of core funds for the UBW.

6.12 The exercise also saw a rise in UBW resources going to cosponsors, up by 37 per cent compared to the previous biennium. This trend accelerated under the 2002-2003 budget. The amount of resources channelled through cosponsors more than doubled with roughly \$65m or one third of total resources going to the implementation of cosponsor activities at global and regional levels. The 2002-2003 budget document claims to include all, not just some, HIV/AIDS-related activities of the cosponsors and the Secretariat at global and regional levels. In addition, cosponsors provide estimates of their country HIV/AIDS expenditures from regular budgets and general resources.

6.13 General questions remain with regard to the practical implementation of the various resource mobilisation efforts. Competition between cosponsors for outside resources and core budget funding; HIV/AIDS used as a source of extra-budgetary financing rather than core financing; misconception over UBW funding (only for regional and global purposes); contrived distinctions between global and country level in the UBW; and budget distress of cosponsors. In a further sign of progressive financial integration, the UNAIDS Executive Director plans to pro-rate UBW funds

³⁵ Budget and workplan of the Programme were 'unified' in the sense of being for all the cosponsors and Secretariat

³⁶ UNFPA, WHO and World Bank contributed a total of \$3.1m to core activities under the UNAIDS trust fund during the first two years. UNICEF, UNDP, UNFPA and UNESCO seconded staff to the Secretariat at a cost of \$1.3m.

between the Secretariat and the cosponsors proportionately to the overall level of resources mobilized starting with the 2002-2003 budget. The trend towards financial integration is set to continue.³⁷

6.14 Whilst the OECD donors acknowledge the progress that has been made with budgets and funding, they still report a degree of confusion about purpose and functions of UBW. The presentation is felt to be difficult to absorb, even for somebody familiar, and hard to explain to others. Because the UBW mainly includes global and regional HIV/AIDS activities, not cosponsors regular budgets, that means in practice that a major part of multilateral funding for HIV/AIDS at the country level is not included and reflected. There is general agreement on the need for greater clarity on what the UBW is used for and a means to bring country level spending into the picture.

Executive Director and Secretariat

6.15 *'At the global level, UNAIDS will provide support in policy formulation, strategic planning, technical guidance, research and development, advocacy and external relations. Working closely with the appropriate organizations, UNAIDS will also support normative activities regarding HIV/AIDS ...'* (MOU, 1995) The initial MOU made no particular effort to differentiate between functions of the programme, the Secretariat and the cosponsors. In fact, much of the confusion about UNAIDS is born of the ambiguity and incompleteness of role definitions in the MOU. Greater precision is brought by the UNAIDS partnership brochure published in 1999 which confirms the Secretariat's facilitation role – 'spark, coordinate and streamline action' – with regard to the UNAIDS cosponsors and the wider UN system. It also outlines general responsibilities for best practices, tracking the epidemic and advocacy.

6.16 Asked about the role of the UNAIDS Secretariat, cosponsors show a fair amount of variation in their views (extracted from interviews at cosponsor headquarters). One set of perspectives stresses functions immediately targeting the actors of the global response - global advocacy, partnership building, knowledge administrator, central monitoring of HIV/AIDS efforts. Another emphasizes functions directed at the cosponsors - advocacy support for within the partner agencies, financial and technical support, convener/hub/mediator for cosponsoring agencies, facilitator of strategic planning, regional programming, realistic target setting and serving as joint strategy and knowledge forum. A third perspective touches on both: gap filling in areas where needs are not met by any of the agency partners, as in the case of commercial sex workers or men who have sex with men.

6.17 The views, as well as the various attempts at defining the role of the Secretariat, show a Secretariat juggling agency facilitation, support and leadership, between a focus on the partnership and reaching out to the agents of the expanded response. This has been the reason why the management support structure of the Secretariat and the leadership function of the Executive Director were created in the first place. As cosponsors have shown greater willingness and readiness to share in the responsibilities of the UNAIDS Programme and the Secretariat has started to retreat from some its activities, the Secretariat's role is becoming clearer.

6.18 In this respect, the cosponsors acknowledge the useful role the Secretariat is playing as a focal point, hub and broker of their collaboration. For most of them, the

³⁷ The UBW 2004-2005 is planned to report on aggregate estimates of the Cosponsors country-level expenditures on HIV/AIDS, though details of country programmes and activities will not be included in the UBW. (UNAIDS PCB(12)/02/INF.DOC.4)

UNAIDS Secretariat is the '*primary partner*' for policy dialogue. It is also variably described as '*clearing house*' and '*knowledge administrator*' for best practice information, a '*policeman*' for monitoring partner efforts and '*support centre*'.

Programme Instruments – country level

Country Programme Adviser

6.19 UNAIDS performance in countries hinges on the presence and quality of the Country Programme Advisers (CPA) and their support to the theme groups. In virtually all countries visited by the evaluation team, the CPA was highly valued for the focus he or she provided to the joint programme. Resident coordinators and theme group chairpersons strongly endorsed the need for CPA-type support. In the absence of a CPA things tend to move at a much slower pace. As of December 2001, there were 56 internationally and nationally recruited CPAs, with PCB approval for creation of a further 10 posts.

6.20 Typically, CPAs have a dual role, the primary one being advice and support to the UN Theme Group, the other '*secondary*' role to provide direct support to the national response '*through advice, assistance and direct action in areas such as strategic planning, resource mobilization, the development of partnerships and consensus building*'.

6.21 Overall, there has been a gradual shift of the role of the CPA from technical support to national authorities to coordination support to the UN. Many first-generation CPA in 1996 were public health people from national AIDS control programmes. This type of profile was at odds with the ambition of the UNAIDS Programme to move HIV/AIDS broader than the public health arena. Nor did it help to bring cosponsors around a table. The mismatch is now widely recognized. It had, however, the advantage of continuing direct technical support to national HIV/AIDS programmes from which the GPA had withdrawn.

6.22 With the second generation of CPA the focus moved towards multi-sectoral and UN coordination. New job descriptions for CPAs issued by the Secretariat in 2001 put stronger emphasis on broader planning, strategic analysis, communication skills and experience. To be effective CPAs need to understand the culture of cosponsors to be able to manage better the partner dynamics. Yet, attempts to define the role of the CPA seem to have done little to remove fundamental uncertainties pertaining to the nature of the support: technical versus coordination/management; the client, UN only versus expanded national response; and who they report to, resident coordinator, theme group chair or Secretariat.

6.23 The unsettled relationship between cosponsors and Secretariat at the country level creates animosity in regard to any action that may be construed to reinforce the Secretariat's institutional presence at the country level. Given that CPAs are paid by the Secretariat the suspicions weigh on his/her relationships with the cosponsors. The degree to which CPAs have or should be empowered to act independently in regard to money and programmes remains a concern. The dilemma is that with no financial resources at their disposal the CPAs' action radius is limited, while the alternative of giving them money smacks of an independent agency. For many of the same reasons, cosponsors watch the size of CPA offices with suspicion as it may indeed create the impression of an agency in its own right. The creation of a Country Support Division

within the UNAIDS Secretariat has again created suspicion that UNAIDS was to assume more of an independent role at the country level.

Programme Acceleration Funds

6.24 UNAIDS Secretariat financial support to the country response has come primarily in the form of resources designated for programme development and seed funding. In the early days of the programme, country-level funds were set aside, at the request of developing countries represented on the PCB, to maintain core financial support to national AIDS programmes after the demise of GPA. The direct financial support of these programmes was eventually phased out and replaced by a 'more strategic' funding modality, known as Special Programme Development Funds (SPDF). The indifferent use of SPDF financing led to the discontinuation of the instrument. A revised modality, referred as 'Programme Acceleration Funds', was introduced for the 2000-2001 biennium.³⁸

6.25 Programme Acceleration Funds were to be more focused on process and specific purposes. Yet their record so far has been rather mixed. According to a survey of theme groups carried out by the UNAIDS Secretariat, the most important use has been as niche and gap financing tool, including the provision of funding for sensitive areas of work. The country visits highlighted the vital role that these small funds can play, such as MSM in Latin America and injecting drug use in Eastern Europe and underfunded countries (Myanmar, Burundi), as well as for leveraging resources and supporting unfunded portions of integrated work plans. The same survey indicates that PAFs did not consistently meet the criteria of a strategic funding source, but ended up frequently funding regular core activities of cosponsors. In general, there appeared to have been an improvement in the way PAFs were utilized over its SPDF predecessor. The often-mediocre quality of proposals, the political allocation of resources and the rather time-consuming process were causes of concern, which led to a further revision of the modality in late 2001 under the personal supervision of the UNAIDS Deputy Executive Director.

Concluding comments

6.26 The leadership role of the Secretariat, though appreciated in principle, is a sensitive one and still perceived as a challenge to the cosponsors' identity and independence. Frequently, the Secretariat has been suspected of wanting to become another agency.

6.27 The Secretariat's success in achieving a high degree of visibility under the UNAIDS brand name has been a mixed blessing. Demands are constantly made on the Secretariat, such as to support the design and start up of the Global Fund to Fight AIDS, TB and Malaria. New initiatives are disruptive and it is to the credit of the Secretariat that they have been accommodated so well. Cosponsors are often quite content to add the UNAIDS logo to their publications or events, but are not so comfortable with the label when visibility under their own name and ownership of activities is compromised. At the country level the partnership is still hampered by what a cosponsor described as '*innate agency territoriality*'.

6.28 The country level institutional arrangements of the UNAIDS Programme, built on the structures of the UN Resident Coordinator System, may have been adequate for

³⁸ A total of \$16m in grants ranging in size from \$30,000 to \$600,000 has been allocated to 96 countries.

loose policy coordination. However, they are not sufficient to realize the full operational potential of UN system cooperation for the major resource mobilisation and scaling up efforts that are now required. A systematic rethinking of arrangements at the country level is needed if the goals and targets set forth in the UNGASS Declaration of Commitment are to be achieved.

6.29 The Secretariat model has served the programme well. It has helped the fragmented and decentralized UN system respond to urgent needs for global action on advocacy, information and coordination, though the response was basically concentrated in the Secretariat. The streamlining of central functions has produced welcome efficiencies in a bureaucratic system not known for its organizational economy.

6.30 Overall, the UNAIDS Programme has had a positive influence on cosponsors' HIV/AIDS agendas. HIV/AIDS has moved up significantly in their institutional priorities. However, it has not yet become part of the cosponsors core business, to the extent that human and financial resources devoted to the issue are still very limited and programme strategic management has not been effective under the current workings of the CCO.

Governance

6.31 ECOSOC has formal governing responsibility in relation to UNAIDS. However, that function is exercised at a broad oversight level as one of many ECOSOC governance responsibilities in relation to the UN system as a whole. Every other year, ECOSOC receives an update on the activities of UNAIDS by its Executive Director on behalf of the UN Secretary General and passes a substantive resolution on the global combat against HIV/AIDS. *De facto*, the oversight role for matters of HIV/AIDS has been delegated to the PCB. *"In exercising this governance role, the board will have ultimate responsibility for all policy and budgetary matters. It will also review and decide upon the planning and execution of the programme."* (ECOSOC 1994/24)

6.32 The PCB was established to exercise a governance role in relation to the UNAIDS programme as a whole. In practice, however, this oversight role has been limited to the programme activities included in the budget and workplan, plus the UN System Strategic Plan and Global Strategy Framework. During the first two biennia PCB direction and control *de facto* covered only Secretariat activities. Starting with the UBW 2000-2001, cosponsor global and regional activities under the core programme also came under its general supervision.³⁹ The control this confers to the PCB over the cosponsoring agencies is, however, fairly marginal, as long as the latter have access to alternative sources of financing for their activities.⁴⁰ Its leverage basically amounts to paying for the cosponsor activities under the Programme. Major portions of the Programme, notably at the country level where cosponsor action is expected to translate the objectives of the programme into results, lie beyond the immediate control of the PCB.

6.33 This would not have been a problem if the PCB either had sufficient resources to procure the cosponsors' services outright or other political means to influence

³⁹ The inclusion of a supplemental budget under the UBW 2002-2003 does not change the board's span of control.

⁴⁰ Control over cosponsor action is a function of the resources the PCB controls relative to the resources that come to the cosponsors through other channels. Currently, this ratio is of the order of 1:3.

cosponsor action, including through other UN mechanisms.⁴¹ Nor would it have been an issue if the cosponsor priorities coincided with the needs of the programme.⁴² But none of this applied: the programme was to rely on cosponsor funding mechanisms for country-level action; cosponsoring agencies were sovereign entities with their own independent governing boards; and cosponsor priorities were driven by mandates that were not exclusively focused on HIV/AIDS.

6.34 Since the members of the PCB were also members of the cosponsor agency governing boards, the idea was that they would ensure that the other governing boards mirror the decisions taken by the PCB. Unfortunately, reality is different. Individuals representing the member countries on the cosponsor boards were usually different people, at times reporting to separate ministries or coming from different sections in the same ministry. In addition, statements by members were not systematically followed up and government positions were dependent on who participated.

6.35 Donors readily admit that their own policies on dealing with the UN system are insufficiently integrated, in particular that they don't have unified strategies for the UN that would guide their involvement in the various boards. As a result, the governance nexus between the UNAIDS programme and the cosponsor boards is weak. The PCB has no real authority beyond its moral stature over cosponsor organisations or their boards.

6.36 The ability of the PCB to establish *ex-post* accountability is further constrained by absence of technical knowledge on the board or associated with its functions. One function of the CCO is *'to review the activities of each cosponsoring organisation for appropriate support of as well as consistency and co-ordination with the activities and strategies of the Joint Programme'*, a form of self regulation that leaves the PCB without any independent assessment.

6.37 According to PCB participants, the agenda of PCB meetings is overloaded with issues and too compressed, thus leaving little time for substantive discussion and inviting a 'scattergun approach'. A number of donors regret that there is not much time for dialogue on direction and priorities and hard-hitting questions. Members and UNAIDS Secretariat staff concur that the board needs to be run in a more business-like manner to be more useful. This includes the consensual nature of decision-making that buries the hard choices that need to be made. The resulting consensus is often weak as in the case of the debate on UNAIDS prioritisation of prevention and care. The present mode of oversight is considered inadequate for dealing with a dynamically evolving epidemic. The global emergency requires proactive substantive and institutional guidance of the UNAIDS programme rather than the more passive review style that is currently practised.

Concluding comments

6.38 The UNAIDS Programme is hampered by blurred lines of accountability. The separation of programmatic accountability from financial accountability drives a wedge between expectations and performance of cosponsors on one hand and the UNAIDS Executive Director on the other.

⁴¹ UNAIDS is not the only inter-agency mechanisms in which HIV/AIDS is a topic. Others include the Administration Committee on Coordination (now the Chief Executive Board); the Inter-Agency Advisory Group on AIDS, and the UN Development Group.

⁴² The fact that HIV/AIDS was not an institutional priority for the cosponsors diminished the reputational risk of not doing a thorough job in supporting the UNAIDS Programme.

6.39 This accountability dilemma extends to the country level where it is further confounded by the mismatch between nominal responsibilities and actual authority inherent in the Resident Coordinator System. The roles, responsibilities and relationships among the UN Resident Coordinator, the UN HIV/AIDS Theme Group and its chairperson, the Technical Working Group, the UNAIDS Country Programme Adviser and the UN agency country representatives need to be reconsidered not individually but as elements of a system. To improve the UN system country response on HIV/AIDS, efforts should be on clarifying and simplifying roles and responsibilities, and clearly distinguishing between management, advisory and operational duties.

6.40 The Programme Coordination Board of UNAIDS has provided essential policy support to Secretariat programme activities, but lacked the capacity for more substantive oversight. It has been unable to wield much direct influence over cosponsor programmes because of the lack of real accountability and inadequate function of the CCO. However, the combination of persevering Secretariat advocacy combined with solid PCB support has helped to promote greater political commitment of cosponsor leadership and to move HIV/AIDS into the mainstream of cosponsor programming.

6.41 Insufficient policy integration by donor countries has contributed to confusing the UNAIDS Programme. The creation of the UNAIDS Programme did not lead donors to re-examine their policies with regard to the cosponsors. Expectations of the UNAIDS partnership were ill defined and not adequately resourced by the international community. In spite of being part of the critical link between the PCB and cosponsor governing boards, donors and other member states did not systematically follow-through on PCB discussions in those boards. Policy signals sent to the UN agencies did not necessarily reflect the concerns expressed at the PCB. In particular, calls for more resolute action by the UNAIDS Programme at the country level were not matched with commensurate resources for the cosponsors.

6.42 Tireless advocacy and skilful coalition building by the UNAIDS Executive Director have helped to build bridges between the programme and its cosponsors. The success that has been achieved globally has still to be replicated at country level. This is the main challenge for the coming years if the promised funds are to be spent to good effect.

7 Concluding comments - the dynamic epidemic

Programme start-up and expectations

7.1 UNAIDS was created in direct response to criticisms of the Global Programme on AIDS. It was intended to promote a more broad-based national response and create the means for the UN system to provide better services to the countries. There was no global consensus driving the creation of the programme and in many respects the first five years have seen the Secretariat lead the programme to establish that consensus; a struggle with a decisive positive outcome at UNGASS.

7.2 The expectations driving the programme were substantial and can be seen in two ways. The analysis of shortcomings with the GPA highlighted the need to provide a better service to member states and to develop national capability, as described in Chapter 2. At the same time, expectations were driven by desires to exploit the potential of the value-added role and functions of the UN system in development

cooperation. This led to a focus of the UNAIDS programme on three areas: advocacy to increase awareness and commitment; information to expand capacity and knowledge; coordination and improved use of resources. These functional areas have provided the structure for this evaluation and the conclusions are summarised here and linked to the ECOSOC objectives.

UNAIDS' advocacy has created a strong global foundation

7.3 The first five years have seen a talented and committed team of people create a unique United Nations Joint Programme that has established itself as a leader in tackling HIV/AIDS, and a centre of knowledge about the disease. As a direct result of careful advocacy and lobbying, the period ended with clear evidence of global commitment: politically, through the leadership declarations at UNGASS; and bureaucratically, in the signature of 29 UN agencies to the UN System Strategic Plan (UNSSP). These acts established what never existed before the programme was formed, a clear global mandate with objectives that can be used to hold international leaders to account.

7.4 Progress towards the ECOSOC objective of *providing global leadership* is judged to be successful. A broad constituency of stakeholders find leadership in UNAIDS. The personal performance of the Executive Director, response by development agencies to the global strategy and endorsement by political and business leaders after UNGASS, all support this judgement. Progress towards the objective of *achieving and promoting global consensus on policy and programme approaches* has been mostly successful. Advocacy about the need to strengthen and increase response has been effective. The global strategy framework is widely accepted outside the UN agencies. But more work is needed to clarify the operational meaning of an expanded response, over the handling of issues such as MTCT and ART and to adopt sensitive issues such as MSM and IDU.

7.5 Political action has been followed by firm, though mostly short-term, financial commitments by OECD donors, in direct support of HIV/AIDS and in contributions to the Global Fund for AIDS, TB and Malaria. Commitments have increased substantially, perhaps as much as seven-fold over the period, and there is a chance now to see an increase in spending per HIV-infected person for the first time since the 1980s.

7.6 The advocacy work of UNAIDS has been innovative, flexible and adaptive. New types of partnerships have been formed, horizontal learning has been developed into a powerful tool and diverse groups such as PLWHA, NGOs and businessmen have been brought into the process. Success at consolidating and presenting the epidemiology of the disease underpinned a strong policy narrative about the scale and threat to development.

7.7 The functional area of advocacy has been a strength of the programme. In the context of the ECOSOC objectives '*to promote broad-based political and social mobilisation...; and to advocate greater political commitment at global and country level, including the mobilisation and allocation of adequate resources*', the evaluation team judges progress to be mostly successful at global and partly successful at country level. Both objectives relate to actions that are not time-limited and will remain a primary focus of UNAIDS. Evidence from the country studies shows that whilst global advocacy has had a marked positive influence on national policies, there remains a major challenge to influence multisectoral opinion leaders. Similarly, the recent resource commitments at global level have to be maintained, the contributions under

the Global Fund (GFATM) must be seen to be additional, and there is a need to ensure that national resources are being adequately committed at country level; all pointers to key continuing roles for UNAIDS.

Information and technical support is influential

7.8 The Best Practice Collection of information about HIV/AIDS has extensive visibility and ‘name recognition’ around the world. The UNAIDS logo is a symbol of quality that inspires confidence by the many groups who seek support in tackling the disease. Good though the material is, there remain limitations in language translation and the logistics of distribution hinder dissemination. Users would like more texts that tackle the response from a ‘how to’ perspective, in ways that will support scaling up. The programme has not yet met the challenge of understanding and disseminating how to stimulate behaviour change and develop effective implementation. This is a major area for work in the future.

7.9 Direct technical support is criticised as less accessible than under the GPA. Capacity building has a strong ‘project’ orientation and the evidence so far is that it has been hard to extend to a wider audience. Support for national strategic planning is more visible than to help country implementation. Because so much implementation hinges on the skills and resources of grass-roots organisations, clear analysis at country level is needed to understand how UNAIDS can give support. This will become an over-arching priority as the newly committed funds become available to scale-up the response.

7.10 Two ECOSOC objectives relate broadly to this functional area: ‘*to strengthen the capacity to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level; and to strengthen the capacity of national governments to develop comprehensive national strategies and implement effective HIV/AIDS activities*’. Both are judged to be partly successful. Good work has been done to develop national strategies and organise data collection for statistics of prevalence, but the challenge of understanding how to stimulate behavioural change, noted as a weakness in the 1992 evaluation of the GPA, has yet to be met. National strategies have moved on from the old medium-term plans promoted by the GPA. They now create a basis for a multisectoral response, but countries do not find it easy to manage implementation across sectors and the cosponsors’ own efforts at joint working are not yet effective in demonstrating the added value of the UN agencies alongside OECD donors.

More progress on coordination support

7.11 UNAIDS has been instrumental in supporting a new way of working for UN agencies at country level. UN Theme Groups on HIV/AIDS are accepted as having played a key role in providing a common forum for sharing information and planning joint action. By introducing the concept of expansion; opening up to government, donors, civil society, PLWHA and the private sector, the idea of a partnership forum has been given substance.

7.12 The theme groups have provided an influencing mechanism through which UNAIDS has been able to support large numbers of countries to prepare multisectoral strategic plans. But the implementation of those plans has proved a bigger challenge and one where most of the cosponsors have failed to establish a clear role, as opposed

to the direct and influential contribution of OECD donors and the World Bank, who bring bulk financing.

7.13 Under the governance and management arrangements of UNAIDS, the cosponsors raise their own finance for programmes at country level. Those programmes are approved by the cosponsors own boards and are not governed by the UNAIDS Programme Coordinating Board. The cosponsors prepare an Integrated Work Plan at country level, but these plans fail to analyse the comparative advantage of the UN agencies alongside OECD donors, NGOs and the private sector, and resemble a supply-driven collection of actions rather than a response to national demand. Country-level arrangements were dependent on UN reform and that has been slow to deliver the desired changes, as seen in independent reviews of UNDAF and the Resident Coordinator system.

7.14 Conclusions about the third functional area, that of coordination and the better use of resources, are therefore mixed. Coordination activities of the Secretariat at global level have been effective and were instrumental in bringing consensus over policy and programming. At country level the situation is more complicated. Strengths include the CPA and UNAIDS country office, technical support for national strategy, advocacy to bring political and resource commitment, information and some limited capacity building, facilitation of civil society and PLWHA. Weaknesses are the limited resources of the cosponsors compared to other donors, the poor progress with UN reform as seen in the UNDAF and Integrated Workplan, and the absence of real moves towards joint programming. The theme groups straddle both strengths and weaknesses. They have opened debate to wide sections of society, and provide a unique forum to share information and exchange views. But they lack clear objectives, have no means to monitor their performance, are not seen consistently as key performance areas by the cosponsors and have uncertain accountability. A future vision of UNAIDS at country level has to identify roles that build on the strengths and find ways to overcome the weaknesses.

7.15 The shortcomings at country level are highlighted in the context of two key expectations of UNAIDS that were voiced prior to its establishment: *‘that the joint programme would reduce duplication of effort and ensure consistency among organisations of the UN system, with regard to strategic, policy and technical matters; and provide governments with a clearer, more comprehensive view of the financial and technical support available from UN organisations.’*(see Chapter 2.) These expectations have not yet been met. The assessment is that duplication of effort is being overcome and consistency among organisations of the UN system has greatly improved. Yet the present negotiating approach is not cost effective. Greater coherence is still to be achieved through better integration with the nationally-led expanded response at country level. Very little progress has been made towards a clearer view of support available from the UN. The mechanisms that do exist, the Integrated Workplan and UN Development Assistance Framework, are judged to lack strategic perspective and are not very responsive to country needs. Financial information is opaque and very difficult to access, with some exceptions in countries that participate in the Multi-Country AIDS Programme (MAP).

The dynamic nature of the pandemic creates new opportunities

7.16 One of the biggest challenges facing the joint programme has been the ever-shifting nature and context of the disease. The continued rapid growth in prevalence,

emergence of an IDU-led epidemic in Eastern Europe, and complex epidemiology in India, are all issues the programme has responded to. So too have been treatment regimes for preventing mother to child transmission, and access to drugs, drug quality and drug pricing.

7.17 These are set to continue. Availability and pricing of drugs remains a resource and policy challenge for countries, and the next few years will see the first results from large-scale vaccine trials. Meanwhile, with the spread of treatment programmes, drug resistance is emerging as a concern that will affect national policy and clinical practice.

7.18 The opportunity from these changes is the scope for countries to offer comprehensive care programmes. Evidence shows that voluntary and confidential counselling and testing (VCT) is more likely to be taken up when treatment is available. An expansion of VCT would be a major step forward in managing the epidemic. But this would require substantial scaling-up at country level. At present, the joint programme is not well placed to support such a change. Scaling-up needs to be built on analysis of effectiveness and efficiency. Few countries have yet developed the necessary capacity.

7.19 As the extent of treatment or vaccination options develop, so too will the need for technical coherence among the cosponsors. This is likely to place increased demands on the work of the CCO, and for the PCB to be decisive and give strong direction. The role for the Secretariat will remain that of leadership, advising on policy, filling gaps where they exist, and handing over to cosponsors when they have the necessary capacity. An expanded role will come from acting as a knowledge warehouse, to broker the information needed to support scaled-up responses. Scaling up is about increasing impact efficiently. It is different from the expanded response and yet closely related to it. A description appears in the glossary in Annex 1.

7.20 Two global achievements feed directly into this evolving role. Both UNGASS and the UNSSP have set objectives and targets. These create an accountability framework and one role of the Secretariat will be to monitor compliance. Where this will have most value is at the country level. Using the momentum of global commitment, UNAIDS can transform the current descriptive country implementation readiness profile into a performance statement with measurable indicators about progress towards an expanded response, if expanded response is defined in objectively measurable ways.

7.21 Other changes in the funding and management of development assistance can also be used to leverage country programmes. The global fund (GFATM) is both an opportunity and a challenge. The opportunity comes from the additionality of funds and the stimulus for countries to work through consultative mechanisms. UNAIDS Secretariat will need to monitor carefully that the funds are genuinely additional to official development assistance (ODA).

7.22 Experience from the first round of applications shows that the fund has stimulated collaborative working among bodies dealing with HIV/AIDS.⁴³ In many countries, a partnership forum or expanded theme group provided a natural genesis for creating the CCM. Elsewhere, the CCM was created where plans to expand the theme group had been blocked by reluctance to work alongside civil society or the private

⁴³ Applications to the fund are to be made through a Country Coordinating Mechanism (CCM) comprised of broad representation from governments, NGOs, civil society, multilateral and bilateral agencies, and the private sector.

sector. Given that UN agencies cannot be direct applicants to the fund, yet have a potential role to play in support of implementation, here is a chance for constructive analysis about the UN role at country level. The challenge is that because the CCM has access to funds, which an expanded theme group or partnership forum does not, the new body will thrive at the expense of existing structures, or will dilute attention to HIV/AIDS and redirect energies to a more narrow health sector response. The lack of attention to this relationship during design of the fund reflects badly on its architects and is a serious neglect. It is to the credit of both the Secretariat and cosponsors that they were able to give support to the establishment of the fund.

7.23 Evidence from the country visits suggests that there is scope to develop closer linkages with other initiatives. Two key developments are poverty reduction strategies (PRSP) and sector wide approaches (SWAP). PRSPs are important in several ways. They represent a parallel initiative to change the nature of involvement by groups in society. Experience shows that governments tend to treat participation as consultation, geared towards the planning process rather than implementation.⁴⁴ That won't do for HIV/AIDS, because the bulk of mass prevention, care and support, is implemented by community and NGO organisations. Initiatives that promote participation as a means to add value to poverty reduction have a role to play to support actions against HIV/AIDS. There is evidence that PRSP processes have helped to link participatory and governance issues, with ramifications for government transparency and accountability and greater attention to resource targeting.

7.24 Sector wide approaches offer the scope for expanded dialogue with the private sector. Private initiatives are a major source of healthcare provision in many countries and yet are not well represented in tackling HIV/AIDS. Closer attention to SWAPs would bring scope to influence the relationship between governments and the private sector.

7.25 Lastly, the goal of joint programmes remains one that global leaders in development aspire to. Initiatives such as the CCA/UNDAF or the Comprehensive Development Framework seek a response that is country driven. UNAIDS represents one of the best and most successful efforts by the UN at a joint programme. Yet at country level, practical expression through Integrated Work Plans falls far short of those ideals. This evaluation creates an opportunity for the UN to set in motion a fresh look, building on the representational and diplomatic role of the resident coordinator and the technical services of the various agencies.

8 Recommendations

8.1 The previous chapter has summarised the performance of UNAIDS against the ECOSOC objectives, functional areas and expectations of the programme. The recommendations build on the strengths of the programme and look forward to identify ways in which the programme needs to evolve to meet the challenges of the changing global environment.

8.2 In the view of the evaluation team two major changes, that have come about largely as a result of the work of the programme, have a fundamental bearing on future activities and the way the programme is organised. First, is the expansion in resources

⁴⁴ See, for example, ODI (2002) PRSP Monitoring and Synthesis Project, Synthesis Note 3, Assessing Participation in PRSPs in sub-Saharan Africa. London

being committed through contributions to the Global Fund on AIDS, TB and Malaria, in the plans of UN agencies to expand their programmes, and through the direct actions of OECD donors, charitable foundations and business entities. This expansion means that in the coming years an even greater proportion of expenditure to fight HIV/AIDS will be routed directly to governments through channels outside the current cosponsors.

8.3 Second, the global advocacy of the programme has led to a substantial diversification in the people and organisations mobilised to fight the disease, and this trend appears likely to continue. Both these developments imply a big shift at country level from planning to implementation. Human and financial resources will be available to help countries scale-up their response through programmes that are led by governments. What then will be the role of UNAIDS?

8.4 The recommendations tackle this in the following way. First, is presented a vision of the next phase of UNAIDS, with recommendations concerning its goal, roles and relationship to other funds and programmes. Arising from this, consideration is given to wider issues of governance. The remaining recommendations are presented in three main clusters, dealing with global, regional, and national levels. A cross reference is given to supporting arguments in the main text, by paragraph number. All recommendations are addressed to the PCB. Where a recommendation is directed to specific other parties it is made clear in the text.

UNAIDS – strategic vision

8.5 The evidence gathered in this evaluation indicates that the creation of UNAIDS has brought significant benefits in creating political awareness and commitment, enhancing capacity and harmonising policy and strategy at both global and country levels. The **added value** of UNAIDS has been the ability of the UN to bring together diverse groups, provide basic coordination services, facilitate specialist expertise and provide an almost-universal country presence. There has been little added value in the areas of capacity building and implementation support. The early years of the programme were characterised by internal distractions to achieve agreement among the cosponsors, and by being promoted as a vehicle for UN reform. That led to misunderstandings about the programme's role of coordination. Was it of the UN or by the UN? Having sought and achieved internal UN policy and programme harmonisation, that role should not be in doubt any longer.

8.6 The next phase of UNAIDS needs to see the programme continue its current mission towards an expanded response, but with emphasis on providing leadership and a coordinating service beyond the United Nations agencies to all stakeholders, with distinct qualities at global, regional and country levels. The evaluation team's view of those functions is set out in Table 2.

Table 2 **Functions of UNAIDS**

Level	Functions
Global	Continued advocacy for political and resource commitments
	Information services to support policy development and the ramifications of HIV/AIDS on social and economic development
	Harmonisation of roles and resources of the UN system agencies under the leadership of the UNAIDS Secretariat
	Coordination services to all parties involved in responding to HIV/AIDS
Regional	Working through existing regional bodies

Country	Policy and support to countries to tackle cross border and transnational issues Capacity building and horizontal learning Advocacy with special emphasis on political and resource commitment; the inclusion of women and marginalized groups; development of partnerships; and horizontal learning Assessing needs and brokering technical assistance Support to national policies, strategy, and legislation to promote an expanded response Support for evaluation and analysis to support an expanded response Programme support to help mainstreaming and scaling-up of HIV/AIDS approaches at national and decentralised levels of the state Provision of norms and standards and a technical link between government and the international community
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8.7 **Recommendation 1** The current ECOSOC objectives should be replaced by a single goal supported by specific roles. This will need to be determined by ECOSOC, but the following statement is proposed:

Goal of UNAIDS	Categories of indicators
To achieve the adoption of an expanded response appropriate to the state of the epidemic in all member countries; through nationally-led provision of adequate and satisfactory services for reduction of risk, reduction of vulnerability; and reduction of impact of the disease	<ul style="list-style-type: none"> ▪ Level of HIV prevalence and incidence ▪ Perception change among society ▪ Behaviour change among the population ▪ Effectiveness of, and satisfaction with, treatment, care and support ▪ Size and allocation of resources

8.8 The current approach to defining roles of the programme, which are derived from the original ECOSOC objectives, fails to distinguish among the cosponsors and secretariat and does not give clear direction. (para 3.1)

8.9 **Recommendation 2** The roles of the programme need to be redefined, with specific allocation of responsibility. All roles should be supported by functions with objectively verifiable indicators and targets. This recommendation is addressed to the PCB. The following statements are proposed. In a subsequent recommendation, a new MOU would require cosponsors to specify outcome objectives for their contribution to these roles.

Proposed roles of UNAIDS	Responsibility
To provide global leadership in response to the epidemic	Secretariat
To provide a coordination service for all stakeholders	Secretariat
To advocate greater political commitment at the global and country levels including the mobilization and allocation of adequate resources	Secretariat and cosponsors
To promote global consensus on policy and programme approaches	Secretariat and cosponsors
To promote broad-based political and social mobilization to prevent and respond to HIV/AIDS	Secretariat and cosponsors
To strengthen the capacity of national governments to develop, implement and evaluate comprehensive and effective prevention, treatment, care and support programmes to control the epidemic and offer better opportunities for communities	All cosponsors

Relationship with the Global Fund for AIDS, TB and Malaria

8.10 The advent of UNGASS and creation of the Global Fund to Fight AIDS, TB and Malaria has changed the environment within which UNAIDS functions. UNAIDS Secretariat plays a vital role in providing support services to the Global Fund and this should continue. Despite the close involvement of donors and other parties who are familiar with the work of UNAIDS, there is no agreed protocol for the working relationship at country level. This is a bad example of weak coordination in the design of an initiative that potentially increases the transaction costs of national governments in dealing with another new mechanism. (para 7.21)

8.11 Experience with the MAP is that countries face a challenge to implement the available funds. Support at country level is where UNAIDS can contribute most to the Global Fund, through some form of partnership.⁴⁵

8.12 **Recommendation 3** UNAIDS, working at country level through the theme group, should support the Global Fund in a number of practical ways: to monitor trends in the national response and advise on how applications to the fund can be designed to conform with an expanded response and align with the national strategy; to advise how expenditure under the fund can support scaling-up; to promote learning from the experience of expanded theme groups by promoting joint membership of eligible parties on both the expanded theme group and CCM; to monitor that funds made available through the Global Fund are additional to other committed national and international finance; and to provide guidance and technical support for monitoring and evaluation of Global Fund programmes.

UN reform

8.13 Simple but strong lessons have emerged about those elements of UNAIDS country activities that are tied to the UN reform process: that the chain of accountability from CPA through theme group chair to Resident Coordinator is problematic, with difficult working relationships and unclear practical lines of authority for some CPA; that administrative instructions to work together are a poor mechanism in the face of agency territoriality and grade hierarchy;⁴⁶ that the presence of the CPA is widely regarded as the critical success factor for the UN theme groups on HIV/AIDS compared with groups on other topics; that institutional behaviour among agencies appears to be most positive in the face of clear incentives, such as access to funding (e.g. PAF, Turner Bequest); that national stakeholders value the UNAIDS country office as a single point of contact in an otherwise impenetrably complex UN presence; that Integrated UN Workplans are trapped within unsynchronised agency programming cycles and complex, agency-specific budget and spending rules; and that personalities are still often the key to success. Things work better when there are clear objectives, individual responsibilities, and monitorable targets. (paras 4.74, 4.79, 6.19, 6.39)

8.14 **Recommendation 4** That the Secretary General and undg take note of the UNAIDS experience and promote reforms that: denote clear and visible lines of management authority with objectives and measurable indicators; create personnel and financial incentives for agencies to programme jointly; and shift the accountability of

⁴⁵ At the time of writing the UNAIDS Secretariat is considering a partnership proposal to the GFATM.

⁴⁶ Some 60% of CPAs are still not members of the UN Country Team, and the exaggerated status given to grade level distorts acceptance that the CPA is the lead point of contact for all aspects related to the UN response to HIV/AIDS at country level

the country team to a demand-driven service to meet the needs of national stakeholders.⁴⁷

Global level

Global governance

8.15 The existing governance framework of UNAIDS, centred on the Programme Coordinating Board, has been instrumental in shaping and consolidating the UNAIDS programme through its formative years. These have seen many successes, such as the UBW, UNSSP and Global Strategy Framework. However, the formal narrow focus on UN system action may be unnecessarily restrictive and fail to realize the full potential of the UN system in channelling global energies and stimulating the much-intensified response needed to meet present and future challenges of the HIV/AIDS epidemic.⁴⁸ While the current governance set up is geared towards the UNAIDS programme and hence the UN system contribution to the expanded response, there is a growing need to focus attention more squarely on the scope and quality of the expanded response as such.

8.16 Annex 7 contains a think piece that introduces some radical proposals about a new governance structure for UNAIDS, based around a wider role of coordinating the expanded response outside the UN as well as within. This presents the vision of the evaluation team for the governance of the programme, in line with the recommendations thus far and should be seen as a logical progression for the UN response to HIV/AIDS following first, the GPA and then the first phase of UNAIDS. There is a need for reform, but equally there is a need not to stall the fight against HIV/AIDS by embarking on a protracted period of inward-looking uncertainty. The next recommendation therefore sits in parallel to the functional recommendations that follow.

8.17 **Recommendation 5** That the PCB reviews and adopts an expanded model of governance, drawing on the scenario in Annex 7, in order to focus all actors on boosting the complementarity of their actions to supporting the global expanded response. Most significant, at global level, is to replace the CCO with a Management Board with wider representation than the current cosponsors. The PCB is urged to implement a rapid process, similar to the creation of the GFATM, in order to accomplish the change within a short period.

8.18 The remaining recommendations for issues of governance remain valid both within the current structure and the proposed change.

Memorandum of Understanding

8.19 The commitments made by, and relationships between, the cosponsors and Secretariat are set out in the Memorandum of Understanding between the parties. The existing text fails to distinguish clearly the roles of the individual parties and does not

⁴⁷ A reform paper produced by the UN Secretary General after the first draft of this report was written includes proposals for UN system agencies to pool resources and undertake joint programming, and integrate planning, budgeting and mobilisation of resources (Ref A/57/387)

⁴⁸ The conditions, which are more fully described in the text, include, but are not limited to: the emergency nature of the HIV/AIDS epidemic, especially in Southern Africa, the special requirements of a scaled-up response, the greater availability of resources, large unmet financial and human resource needs, the multiplication of actors, and the availability of treatment options.

specify the contributions that cosponsors bring. This reduces the ability of the PCB to hold cosponsors and the Secretariat to account and exacerbates divisions among the cosponsors. (para 3.8)

8.20 **Recommendation 6** A new Memorandum of Understanding should be drawn up for all the cosponsors. It should state clearly the goal and roles of UNAIDS (the subject of Recommendations 1 and 2); it should set out the obligations of each cosponsor; the obligations of the Secretariat; and set objectives and indicators for the Secretariat and each cosponsor both in terms of substantive progress towards the UNAIDS goal, and process objectives of being a member of the joint programme at global and national levels.

8.21 This recommendation is directed at the PCB. It is considered to be feasible, but the evaluation team recognises the challenge of achieving agreement among the cosponsors. For this reason, it is jointly directed at ECOSOC.

Membership status on the PCB

8.22 At the time that UNAIDS was created the membership of NGOs on a UN governing body was a radical step. Events have moved on and now their non-voting status appears anachronistic in the context of the governance arrangements for the GFATM. (Background Paper D, Chapter 5)

8.23 **Recommendation 7** That the status of NGO members of the PCB be changed to full voting members.

Relations between governing bodies

8.24 At present there is no formal statement about the relationship between the PCB and the governing bodies of the cosponsors. A new draft of the Memorandum of Understanding (Recommendation 6) will help that by setting out the obligations of all parties. A further practical change that can be implemented more rapidly is to create a formal link between the governing bodies. (para 6.31)

8.25 **Recommendation 8** That a direct link be created between the PCB and governing bodies of the cosponsors, by changing the representation of each cosponsor at the PCB to be a member of the cosponsor's governing body. If this change is made, the status of the cosponsor could be changed to full voting membership.

PCB meetings agenda

8.26 The evaluation has found widespread criticism of PCB meetings having an agenda that is too crowded and not devoting adequate time to substantive discussion of issues. The PCB should fulfil its oversight function by focusing on emerging concerns and prospective guidance for the overall programme rather than going through the UBW and activity report line by line. Review of the latter should be the responsibility of the new management board described above. (para 6.37)

8.27 **Recommendation 9** a) that the PCB changes the meeting agenda to allocate time for substantive discussion; and b) that the PCB delegates the roles of budget scrutiny and performance assessment to the Management Board or designated sub-committees.

Global advocacy and strategy

8.28 Global advocacy has been one of the outstanding successes of UNAIDS. But there are countries and regions where leaders have been slow to face up to the challenge. More work is needed to strengthen commitments in Russia, China and India, for example. Furthermore, experience in the industrialised countries is that new generations of young people and policy makers need to be sensitised to HIV and to the factors that enable and inhibit the epidemic. (para 4.4)

8.29 **Recommendation 10** That UNAIDS, through the work of the Secretariat and all cosponsors, maintains global advocacy, with particular emphasis on political and resource commitments. Opportunities need to be taken to advocate for a gendered response and to promote the successful techniques of partnerships and horizontal learning.

Support for knowledge management

8.30 The role of honest broker that the Secretariat has established has a particular strand in the management and presentation of information. Information is at the heart of a coordination service. This applies at several levels: tracking resource flows; monitoring country response; and harnessing experience through best practices. The evaluation has identified an important gap in knowledge about effective ways to stimulate behavioural change and design effective programmes. There is also an implicit need for information to help governments understand what actions to take to design and manage a scaled-up response. The UNAIDS Secretariat has made some progress towards developing programmes of monitoring and evaluation. (paras 4.16, 4.43, 4.46, 5.8, 5.11)

8.31 **Recommendation 11** That the Secretariat expands current work on information into a substantial functional area to support the roles of coordination, advocacy and capacity building.

8.32 This work as a knowledge warehouse⁴⁹ should cover a number of different aspects:

- Consolidation and further development of the Best Practice Collection, to translate more information into practical guidance, emphasising principles rather than models of practice.
- Exploration of innovative means of dissemination, including interactive learning, and imaginative use of media partnerships.
- Consolidation of performance information from evaluations and monitoring.
- Facilitate horizontal learning and skills building to support the use of information, including regional skills building workshops (ICT), and study tours (UNTG and CPA)
- Ensure strategic restitution or use of skills gained during conferences and workshops.
- Promote wide access by stakeholders to information and capacity building opportunities.

⁴⁹ The term 'knowledge warehouse' is adapted from the concept of a data warehouse, used in data management, to signify a meta level of aggregation, more than raw data, but less analysed than, e.g. Best Practice publications, and can be used as building blocks to inform national strategies, programme design, scaling-up etc.

- Further development of current work to monitor OECD-DAC ODA financial commitments and actual expenditure.
- Expansion of financial tracking to cover all expenditure directed at country levels, including through OECD donors, UN agencies, government, non-governmental organisations and charitable foundations.
- Expand current efforts to create stronger performance monitoring and support for accountability with periodic performance reporting to the PCB against objectives and spending plans set out in the UNSSP (for cosponsors and others), and against the UNGASS declaration (for countries globally)

Monitoring and evaluation

8.33 Significant progress has been made in recent years to establish approaches to monitoring and evaluation, much of it linked to the work of the MERG. Further work is needed to translate planned approaches into useful flows of information. Specific recommendations are made later concerning activities at national level. Globally, a key responsibility of the Secretariat is to develop a strategy for evaluations and consolidate information in order to build up knowledge about effective interventions. The Secretariat can do much to draw lessons from existing information, prepare guidance for national programmes; build capacity to conduct and use evaluations, share progress reports and interim findings from outcome and impact evaluations and convene consensus meetings to recommend what countries can do to evaluate performance. Expansion of monitoring and evaluation brings financial implications that national authorities will not necessarily be able or willing to support. These recommendations are therefore directed at donors as well as UNAIDS Secretariat and cosponsors.

8.34 **Recommendation 12** The Secretariat should work with cosponsors to develop a strategy and workplan to promote evaluations and research into impact at national and regional levels, with the aim of generating data to inform national responses. Priority should be given to studies of behavioural change and contextual factors, including gender, stigma and poverty. (Chapter 5)

8.35 Monitoring country response has been a responsibility of UNAIDS since it was established, but has never achieved the success of the epidemiological programmes to monitor prevalence. Given the importance of being able to track progress towards an expanded response, renewed efforts are required to transform the Country Response Information System (CRIS) into an effective performance tool. The current publication 'Country Implementation Readiness Profile' is too descriptive, does not reflect the elements of an expanded response and lacks sufficient detail to hold national authorities to account.

8.36 **Recommendation 13** Develop CRIS with objectively measurable indicators of an expanded response at country level and report annually, in a published and publicly available format. (para 5.11)

8.37 The expanded response calls for a broad based and demand-driven response by governments. Indicators should cover three levels of information: outputs, in terms of capacity development, provision of services, and actual expenditure by government and non-governmental bodies through health and non-health sector departments and agencies; changes in performance by providers of services, and perceptions of access and satisfaction by recipients; and behavioural change and prevalence statistics. Behaviour change is interpreted broadly here, to include not only sexual practices, but

also, for example, changed injection practices, ways of caring more for People Living with HIV/AIDS (PLWA), and preventing stigmatisation.

Resource mobilisation and allocation

8.38 There are three levels at which UNAIDS is concerned with resource mobilisation and allocation: global resource commitments and actual expenditures; commitments and expenditure through UNAIDS itself; and commitments and expenditure at national level, both domestically and through international finance. Continued resource commitments are a central focus of the advocacy of UNAIDS and need to be monitored as described in Recommendation 11. Commitments and expenditure at national level are a function of national level recommendations set out below. This section deals with commitments and expenditure through UNAIDS itself.

8.39 The Unified Budgets and Workplans of UNAIDS have provided a catalyst to harmonise the work of the cosponsors, but only at global and regional levels. This needs to be extended to national level to consolidate the work of the cosponsors and reinforce the harmonisation of programmes and strategy. (para 6.8)

8.40 **Recommendation 14** The good work done in the UBW to bring together all planned expenditure on HIV/AIDS by the cosponsors at global and regional levels should be continued and expanded to reflect all country level expenditure as well.

8.41 Practical difficulties are faced by the cosponsors, owing to incompatible programming and budgetary cycles, and to the problems of identifying HIV/AIDS expenditure when actions are mainstreamed and where a significant proportion of expenditure comes from discretionary sources rather than core funding. These are challenges to be overcome and not a reason to delay this important stage of harmonisation.

Regional level

Inter-country programmes

8.42 Support by UNAIDS at regional levels has shown the positive influence of the UN to help tackle cross-border and shared regional problems. Horizontal learning has proved particularly effective within regions where countries have comparable cultures, or face similar problems, and where economies of scale can be achieved in regional groupings (e.g. programmes of uniformed services; negotiations for cheaper drugs). The best examples link institutional entities in a self-perpetuating mode of cross-fertilisation. Some inter country teams interviewed during the evaluation also include coordination among regional offices of cosponsors as part of their remit. The evaluation found no evidence of the outcomes from such coordination and question the value of scarce UNAIDS Secretariat resources being used in this way. (paras 4.43, 4.67; Box 5)

8.43 **Recommendation 15** UNAIDS should continue to support regional initiatives that are demand-driven by the needs of countries in the region, and where possible linked to existing institutions. Opportunities should be taken to develop new services such as regional skills building workshops. The resources of the Secretariat through the Inter-Country Teams should not be used for coordination among regional offices of the cosponsors.

Country level

Responding to crisis

8.44 The continuing growth of the pandemic means that some countries will face crisis or disaster levels of infection within a few years. It is not clear if the present organisational arrangements are adequate to deal with such situations. It may be necessary to consider changing the status of UN representation to deal with HIV/AIDS in specific countries, such as by the UN Secretary General appointing a Special Representative or AIDS Coordinator. Alternatively, the provisions for guiding a humanitarian response as set out in UN General Assembly Resolution 46/182 might be more appropriate. (para 2.1)

8.45 **Recommendation 16** A contingency plan for a humanitarian response at country level should be prepared under the direction of the PCB.

Country level management of UNAIDS support for an expanded response

8.46 The findings in this evaluation have demonstrated that the work of UNAIDS has been less efficient at country level than globally. The reasons for this are complex. They reflect some systemic issues, such as the hesitancy with which UN reform has been taken up. But they also include the effects of trying to tackle a wide range of countries where the epidemic is at different stages, and where the government response is very varied. An important lesson of the evaluation is that 'one size does not fit all'. Flexible solutions are required to suit the circumstances.

8.47 Recommendations here deal first with systemic issues that will improve the efficiency of UN support, and provide leadership to the national response. Subsequent recommendations deal with aspects of UNAIDS that need to be customised to fit national needs.

8.48 A major issue identified in the evaluation is the need to improve practical accountability of the UN response at country level. The scenario set out in Annex 7 includes discussion of fundamental changes to institutions. Notwithstanding those proposals, a number of practical improvements can be made under existing arrangements. Improved information about resources is a tool for effective dialogue among all partners at country level and is a means of empowering civil society. (paras 4.16, 4.71, 6.8)

8.49 **Recommendation 17** The cosponsors should promote high standards of transparency and reporting by publishing and making publicly available all cosponsor country and regional budgets and the annual outturn. This will address an original expectation that UNAIDS would provide governments with a clearer, more comprehensive view of the financial and technical support available from UN organisations. Improved information will enable all stakeholders to interact in support of the expanded response. This recommendation is challenging, as complications of budgetary cycles and mainstreaming of activities makes identification of HIV/AIDS expenditure and allocation of staff resources difficult. As noted above, this is a challenge to be overcome and not a reason for procrastination.

8.50 In view of the importance of multi-sectoral expenditure towards an expanded response, **recommendation 18** is that in those countries where a medium-term expenditure framework and public expenditure review process is underway, that HIV/AIDS be treated as a specific crosscutting topic for monitoring and reporting. This

is an important role for all cosponsors, but especially the World Bank, in view of its convening power with ministries of finance.

8.51 Current UN integrated workplans are ineffective. Whilst an integrated UN response might be more efficient than a fragmented response, the real challenge is to stimulate a coherent response to financing the national strategy by all donors, including the UN. Stimulus for such a change needs to come from the donor community. (para 4.80)

8.52 **Recommendation 19** OECD donors should link their own bilateral country programmes to national HIV/AIDS strategies and make financial contributions to HIV/AIDS work by the cosponsors conditional on demonstrated integration and joint programming, reflecting the comparative advantage of the cosponsors at country level.

8.53 Project acceleration funds have been a valuable facility. They are the only funds available to the CPA and theme group, and at their best play a genuine catalytic role though overall they have had an indifferent performance. PAF has been a key instrument for the Secretariat to keep the theme group “united” and for joint programming. (para 6.24) **Recommendation 20** is to continue with and expand the PAF facility, especially to support monitoring and evaluation, if current initiatives by the Secretariat can be shown to improve the allocation process, utilisation and speed of processing. Alternative procedures should be examined to improve effectiveness. Options the PCB may wish to consider include:

- simplifying payment procedures so that funds do not have to be channelled through different cosponsors’ accounts;
- giving authority over expenditure to a single manager such as the CPA, or the chair of the theme group, or the resident coordinator;
- changing the modality away from *ex-ante* appraisal, such as by making smaller amounts available at more frequent intervals as conditional block grants, and verify outcomes by sample audits

Country Programme Advisers

8.54 The Country Programme Advisers are key to the success of the programme at country level. AIDS is a cross cutting issue and national actors need guidance to surf within a complex UN system and mandates. The CPA provides a single entry point to the UN. They also support the work of the UNTWG and inform and support CCA/UNDAF processes for AIDS. A generic recommendation is difficult, other than affirming their importance, because the nature of their work and the skills they need to bring differs according to the country and state of the epidemic. A country with an emerging epidemic has greatest need for a CPA with strong advocacy skills; a country with a concentrated epidemic might benefit most from a CPA with substantial technical experience related to the country circumstances; and a country with a generalised epidemic probably needs a CPA who is strong at programme design and facilitation. The Secretariat understands this and in recent years has developed new duty statements for CPAs, and development of skills. (para 6.19)

8.55 **Recommendation 21** is to endorse the work of the Secretariat and for the PCB to keep total numbers of CPA under review and, as appropriate, authorise and fund an expansion to enable deployment to additional countries as information about the evolving state of the disease changes.

Theme groups

8.56 UNAIDS is represented at country level by the UN Theme Group on HIV/AIDS. The original UN mechanism has evolved in multiple and varied ways to suit the circumstances of the epidemic, the responsiveness of government, and the state of civil society organisations. This flexible diversity illustrates a strength of the UN system agencies and the evaluation endorses it. The recommendations highlight the need to customise the theme group according to the country, but strengthen its efficiency. (para 4.74)

8.57 **Recommendation 22** The UN Theme Group on HIV/AIDS and its associated Technical Working Group provides a service as a technical secretariat to the national response. In this role, all theme groups should have clear objectives with monitorable indicators of both substantive change and process contributions to the national strategy. It must be clear that the chair of the theme group is accountable for the joint programme of the cosponsors being aligned to the national strategy and to reflect the comparative advantages of the UN system agencies in that country.

8.58 **Recommendation 23** Where circumstances permit, expanded theme groups should evolve into partnership forums, led by government, in line with the scenario set out in Annex 7. In such cases theme groups may then revert to UN-only membership. In any event, as theme group expansion occurs the CPA and UNTWG should report to the UN Country Team on HIV/AIDS issues.

Monitoring and evaluation at country level

8.59 Monitoring and evaluation (M&E) appears as a recommendation at both global and country levels. Two recommendations are made to strengthen and prioritise work at country level. Both will contribute to improving accountability of all partners, support efforts to scale up and link to the information function of the Secretariat. (para 5.8)

8.60 Despite being identified as a weakness during the evaluation of the GPA in 1992, too little effort has been spent in analysing behavioural change and learning from past successes. In particular, success has not been adequately related to contextual factors such as gender, stigma and poverty.

8.61 **Recommendation 24** UNAIDS at country level should expand and strengthen national systems to monitor and evaluate interventions, and analyse surveillance data, building on the methods and tools developed by the programme. Countries with severe generalised epidemics should be supported to conduct repeated national surveys on risk behaviours. This will require funding and is therefore directed at both UNAIDS and donors.

8.62 The thrust of monitoring and evaluation needs to be directed towards the national strategy and take a holistic view of the multisectoral response. Given the wide range of stakeholders, a mechanism is needed to stimulate joint learning, and mutual accountability. Funding for M&E is available through both the MAP and GFATM programmes.

8.63 **Recommendation 25** That a programme of joint reviews led by national governments should be launched, building on current practices for mid-term reviews and rapid impact assessments among development organisations. Reviews should be programmed according to priority outcome objectives in national strategies, and examine both the effectiveness of interventions and the supporting performance of institutions, including national AIDS programmes and UNAIDS (Secretariat and

cosponsors). They should be conducted by teams drawn from government, civil society, UNAIDS and OECD donors. This will require funding and is therefore directed at UNAIDS, donors and national governments.

Country capacity for policy and strategy

8.64 Advocacy needs to focus on increasing the understanding of multisectorality and an expanded response. In many countries, programmes are still anchored in ministries of health. There is a need to change emphasis towards implementation, keep a policy dialogue going with equal opportunities for stakeholders, and listen to the voice of women, the marginalized and the poor. (paras 4.21, 5.6)

8.65 **Recommendation 26** To maintain and expand the successful work of advocacy the UN system at country level must take a strategic view of implementation of national policies and strategies and exploit opportunities for synergy between the sectors. Capacity of national actors must come ‘from the heart’ and not fail to include gender competence. Since the aim is to get incremental processes going, the UN role is mostly that of an enabler, helping to create good examples where none exist, and reinforcing good examples where they do.

Country capacity – implementation for expanded response and scaling up

8.66 The UN system has been very effective in its advocacy for the ingredients of success of an expanded response - both the Global Strategy Framework and the UNGASS Declaration are a testimony to that. An expanded response requires a diversity of skills and services to come together at the local level. This is where the UN system is at its weakest: cosponsor mandates together address the totality, but each by themselves comprise only part of what is necessary. Joint UN implementation programmes have proven cumbersome. Yet the UN system has the clout and indeed the responsibility to act as a broker of good practice and profile the efforts of programmes that do have the flexibility to be demand-driven and make things happen at the local level. Given the increasing number and magnitude of such programmes and the unique position of the UN system this broker role is in fact most useful. The biggest difficulty is in the actual design of local-level interventions, where ‘interventions’ have to blend in, and not usurp efforts that already exist. And do this in ways that are replicable outside a project context. The answers to this design problem have yet to be found.

8.67 The MAP projects supported by the World Bank have provided evidence that disbursement mechanisms can be simplified to enable grass root organisation to have access to funds. The most important fact here is that in order to scale-up UNAIDS should support the resource flows down to grass roots and hold governments accountable for their use. (paras 4.22, 4.41, 5.11)

8.68 **Recommendation 27** As a service to national governments, partner donors, the private sector and NGOs to act as a broker of good practice for local-level efforts that are designed for horizontal learning and replication, and that comprise the combined principles of good practice identified in the Global Strategy Framework and in the UNGASS Declaration. In this to give particular emphasis to the interface of local services and community response. (Theme Groups, Secretariat and cosponsors)

8.69 **Recommendation 28** Increase support for scaling up by developing strategies as a service both to national governments and to partner donors. These strategies should build in horizontal learning and be linked to information derived from monitoring and evaluation. (Secretariat)

8.70 These strategies should help overcome organisations' territorial approach, which makes collaboration and sharing of material difficult and the traditional mistrust between NGOs and government. A good example is provided by the Senegalese Baobab Training and Resource Center, which developed an approach coined as "Poles of Excellence".⁵⁰

Future evaluation of UNAIDS

8.71 This global evaluation has benefited from evaluations undertaken by the Secretariat and cosponsors, and some work by OECD donors. But notwithstanding those studies, the mandate gave a very broad remit, which has influenced the team's ability to study issues in depth. Evaluation of the performance of UNAIDS would be more effective if a structured programme of smaller, more focussed studies was carried out in the period leading up to the next evaluation of the whole programme. The recommendations above, that deal with monitoring and evaluation, will go some way towards filling this gap. But the MERG should look strategically at the roles and functions of the programme and commission in-depth evaluations of the outcome objectives in the Secretariat and cosponsor logframes. In view of the nature of the joint programme a key focus of these studies should be to look across the performance of the Secretariat and cosponsors as a whole, rather than from the perspective of a single cosponsor, especially at country level. This will contribute to a significant gap in the UN system, the lack of a genuinely independent evaluation body that can examine UN performance.

8.72 **Recommendation 29** The MERG should develop a programme of evaluation studies to look at issues of performance for the programme as a whole, as a set of building blocks to contribute to a global evaluation of UNAIDS five years after this study is presented to the PCB, in 2007. (PCB, MERG and donors for financing)

⁵⁰ <http://www.unaids.org/bestpractice/digest/files/ACIPolesofexcellence.html>

Annex 1 Evaluation methodology and glossary of terms

Overview

Group and individual meetings were held with the cosponsors in visits to Europe and North America. Nine country study visits were made to Namibia, Mozambique, Eritrea and Burkina Faso in Africa; Argentina in Latin America; Trinidad and Tobago in the Caribbean; Ukraine in Eastern Europe; and India and Indonesia in Asia. The visits followed a structured and participatory pattern starting with group meetings, continuing with individual interviews and a field visit, and ending with a group wrap-up meeting to review issues arising from the visit. Opportunities were taken to interview programme staff in other countries visited by members of the evaluation team (Nepal and Vietnam) and a short visit was made from Argentina to Chile to examine support to the Southern Cone countries. A working paper was written after each country visit, these are available on request from UNAIDS Secretariat and will be on the UNAIDS website. Information from other stakeholders, OECD bilateral donors, NGOs and the private sector was collected by interviews during the travel for cosponsor and country visits, or by telephone and email.

Framework of evaluation questions

A key feature of the design was the development of a framework of questions, structured to enquire about progress towards the ECOSOC objectives through the three functional areas of the programme.⁵¹ This framework was used to develop topic lists and interview guides for all the enquiries. Questions about programme management and governance were also developed.

Country studies

In view of the central objective of UNAIDS to improve UN services at country level, country studies formed the main source of data for the evaluation. Country selection was guided by a number of considerations: to learn as much as possible from a relatively small sample and at the same time to capture the diversity of ways in which the epidemic affects countries in different parts of the world. The number of countries to be visited was a compromise between duration of visit and number of countries. Resources were provided to enable nine countries to be visited for a duration of approximately two weeks in each.

The criteria for selection was based on achieving a desirable spread of values.

Overall:

- representation from the major continents including small island states
- a range of small, medium and large countries, skewed towards large and populated countries
- a range of GNP per capita
- a range of HIV/AIDS prevalence, including all main modes of HIV/AIDS transmission, sampled from countries with generalised and concentrated epidemics
- different levels of UN presence and strengths
- different levels of response to the pandemic

Second, criteria that several countries should fulfil, but not all.

- participation in a regional HIV/AIDS initiative

Third, criteria which at least one country should fulfil, some of which are subjective.

- at least one country with low prevalence but evidence of the potential for a dramatic increase
- a country with no CPA or a recent appointment
- regional centre of one or more cosponsors

⁵¹ The framework is set out in the Inception Report for the evaluation.

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The final selection was four countries from Africa; one from Latin America; one from the Caribbean; two from Asia and one from Eastern Europe. The countries range in size from Trinidad and Tobago to India, Indonesia and Ukraine. Per capita GNP is less than \$500 in three countries, from \$501 to \$1000 in a further three countries, and over \$1,000 in another three countries. The high GNP countries come from a range of different socio-economic structures. The evaluation team used the WHO/UNAIDS classification of adult prevalence for statistics of prevalence. The countries chosen reflect both a range of prevalence from less than 0.1 per cent to 25 per cent; and a range of absolute numbers, from less than 10,000 to over 3 million.

Several countries bring experiences to inform about regional initiatives: Argentina for the Southern Cone; Trinidad and Tobago for the Caribbean; Indonesia for the ASEAN Task Force. In addition, the African countries are participants in the IPAA and among them, Burkina Faso was selected in the first phase of activities.

A self-evaluation questionnaire was sent by email to all countries with a CPA or ICT, for completion by the CPA, chair of the UN Theme Group on HIV/AIDS and director of the national AIDS programme. The response was adequate from the UNAIDS CPA/ICT staff (n = 32) but a very low response from the other two groups (n = 14 and 12 respectively) was too poor to be analysed.

Namibia was visited first by the whole evaluation team and a team meeting was held after the visit to review and refine the methodology.

A broad range of people and organisations were interviewed during country visits. The CPA, representatives of cosponsors (representative; HIV/AIDS focal points; advisers), donors, the public sector, the private sector through chambers of commerce or similar representative organisations, NGOs including PLWHA representatives, and other key individuals such as politicians, religious leaders and media representatives. Of the public sector, apart from the National AIDS Programme or Coordinating Committee, the Ministries of Health, Education, Rural Development/ Agriculture, Women's Affairs, Youth and the Ministry of Defence were key informants.

After each country visit a Country Working Paper (CWP) was drafted and these are available on request from UNAIDS Secretariat.

Regional issues

Regional issues were explored during all country visits, and specific visits were made to Inter Country Teams and to regional offices in Pretoria, Abidjan, Delhi, and Trinidad.

Cosponsors

Visits were made to the headquarters of all cosponsors at least once during the evaluation. Some were also visited during the inception phase. The offices of all cosponsors were visited during the country visits.

Other UN

Sally Fegan-Wyles (UNDG); Patricio Tabili (UN Department for Economic and Social Affairs); Sarbuland Khan (UN Division for ECOSOC Support and Coordination), Eckhard Hein (UN CEB Secretariat); Serge Male and Martin Loftus (UNHCR, Geneva).

UNAIDS Secretariat

The evaluation team held a large number of meetings with staff at the Secretariat during visits in September, November and December 2001 and January and April 2002.

OECD Donors

The evaluation team visited UNAIDS-linked government departments in a sample of OECD countries chosen to reflect the scale of financial contribution to UNAIDS and extent of interest in and involvement with the joint programme. Meetings were held with government representatives from the USA, Japan, Netherlands, UK, France, and Austria. A telephone interview was conducted with Canada CIDA. A plan was made to meet representatives from the four major Nordic countries collectively, but was cancelled after a change of dates. The team interviewed the senior HIV/AIDS specialist in the European Commission. The meetings included a short discussion with Dr Bernard Kouchner: Minister of Health (France) and Founding member of Medecins Sans Frontieres.

Two group meetings were held by the evaluation team with an interest group called the 'Friends of UNAIDS', made up of Geneva-based representatives of OECD donors. Members of the team also met with the 'African Health Attaches Group' (Geneva).

NGO telephone and email questions

The evaluation team met with a wide selection of NGOs chosen to represent various interest groups. NGO consultation was an important part of all the country visits and is described in the CWPs. Additional international interviews were carried out face to face, by telephone and by email, all using the same interview topic list. The sample includes: Chris Adasiewicz, International Aids Vaccine Initiative, New York; Derek Twine, Boys and Scouts Association, UK; Fiona Pettit, International Community of Women living with HIV/AIDS, UK; Janet Hatcher-Roberts, Canadian Society for International Health, Canada; Jeff O'Malley, Aids Alliance, UK; Mary Partlow, Global Health Council, Washington; Michael O'Connor, Interagency Coalition on AIDS and Development, Canada; Mick Matthews, UK NGO Consortium, UK; Paul Zeitz, Global Aids Alliance, Washington; Ralf Juergens, Canadian HIV/AIDS Legal Network, Canada; Bernard Pecoul, MSF Geneva; Lida Lhotska, IBFAN-GIFA Geneva; Dr Licia Brussa, TAMPEP, Amsterdam; Stu Flavell, GNP+, Amsterdam; Alvaro Bermejo, International Red Cross, Geneva; Ian Campbell, Salvation Army, UK; Ronald Johnson, Gay Men's Health Crisis, New York; Kim Nichols, African Services Committee, New York; Pr Marc Gentillini: President French Red Cross; Myriam Mercy (Orphelins SIDA International); Patrick Essongue.

Charitable Foundations

Bilge Bassani (UN Fund for International Development/Ted Turner Foundation, New York); Nina Schwalbe (Open Society Institute/Soros Fund, New York); Helen Gayle (Gates Foundation, Seattle)

Private sector

Meetings with representatives of the private sector were an important part of all the country visits and are described in the CWPs. Internationally, interviews were also held with Ms Georgia Franklin, Head of Communications, MTV (responding on behalf of Mr Bill Roedy, Chairman of MTV and President HIV Networks International, former Chair, Global Business Council on HIV/AIDS); with Dr H. Rijckborst and Dr S. van der Borgh, Heineken Medical Services, Amsterdam; and with Prof. J Lange, PharmAccess International, Amsterdam.

Governance paper

A working paper was drafted to make a comparative assessment of the institutional, organisational and financial arrangements for global programmes, including: the extent to which the programme design was responsive to factors of demand; the arrangements for governance and financial management; the correspondence between objectives of the partners and the objectives of the programme; and the existence of incentives to encourage collaborative working. The programmes reviewed were the Special Programme for Research and Training in Tropical Diseases (TDR); the Global Environment Facility (GEF); the Global Water Partnership (GWP); and the Strategic Partnership with Africa (formerly known as the Special Programme of Assistance for Africa – SPA). The paper is available on request from the UNAIDS Secretariat.

Glossary

Terminology is important in understanding the joint programme. Wherever the term UNAIDS is used in this report, it means the joint work of the cosponsors with the Secretariat unless specifically noted otherwise. The term Secretariat is used to describe the UNAIDS Secretariat; cosponsors refers to the group of eight cosponsors in whole or part, unless specific mention is made of individual cosponsors. Some important terms used throughout the report are described below.

Accountability means being responsible to someone for actions taken. In the UN system this refers to the responsibility of international civil servants to executive heads and to governing bodies, and their responsibility in turn to Member States and public.⁵² A key issue raised in this evaluation concerns accountability of the theme groups at country level.

Coordination means to bring things into proper relation, to cause them to function together.⁵³ Coordination appears to be used loosely by the UN.⁵⁴ The interpretation in this report is given in Box 6 of this report and reproduced here. In the view of the evaluation team, coordination is not an end in itself, but a means for achieving a particular goal. The goal of the UNAIDS Programme is not coordination of the UN, but coordination of the UN with regard to an expanded global response to HIV/AIDS. Coordination therefore does not imply doing everything together nor does it require coordinating everything with the partners. The touchstone of successful coordination is whether the agents of the expanded response have received the support they expect from the UN. **Coordination services** refers to activities such as the provision and dissemination of information, the convening of meetings, commissioning of research and evaluation and preparation of strategy and policy documents.

Evaluation ratings Conclusions are presented about UNAIDS performance with respect to the six ECOSOC goals. As these are not framed as ‘end states’ and have no time dimension the evaluation was unable to assess in terms of ‘achievement’. A success rating was used, to avoid similarity with established donor ratings such as Satisfactory, Unsatisfactory etc. The rating takes into account both the substance of the goal and the global or country level dimension. The ratings are interpreted as follows:

Successful	Evidence from a broad range of independent sources shows that progress towards all aspects of the goal
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⁵² See a report by the Joint Inspection Unit of the UN: JIU/REP/95/2, document A/50/503, 25 October 1995.

⁵³ Oxford English Dictionary definition

⁵⁴ Coordination is described by the UNAIDS Secretariat as ‘*being achieved at multiple levels: 1. Effective information exchange; 2. Common goals and objectives; 3. Clarification of roles and responsibilities; and, 4. Direct management and oversight. The fourth is often overemphasized - and ultimately less successful than the first three.*’

	has been within reasonable expectations considering the circumstances
Mostly successful	Evidence from a broad range of independent sources shows that progress towards the goal has been within reasonable expectations for most aspects, but some aspects are considered to have been less successful considering the circumstances
Partly successful	Evidence from a broad range of independent sources shows that progress towards the goal has been within reasonable expectations for some aspects, but many aspects are considered to have been less successful considering the circumstances

Expanded response UNAIDS has used the concept of an expanded response as a cornerstone of policy and strategy. Box 7 illustrates the ways in which the meaning of the term has evolved. The two clearest descriptions are *'to increase the quality, intensity, duration and scope of our response. Action needs to be broad-based and multisectoral;* and *'(a response) that acts simultaneously on risk, vulnerability and impact'*. The latter is now recognised as the operational version.

Horizontal learning, also known as "concept development", is conceptually based. In this framework, experiences occur more or less simultaneously, and the role of the learner becomes that of making connections among these experiences, which leads to an understanding of the world through the development of increasingly elaborate concepts.⁵⁵ In this evaluation the term horizontal learning is more loosely used as 'learning between people with something in common'. Such linkages have been found to work by virtue of existing human capital and relationships, and mostly cost very little in financial terms; there always is an element of inclusion, or 'sameness'.⁵⁶ The two interpretations reinforce each other (in the opinion of the evaluation team): experiences connecting people, and discourse leading to improved experience.

Integrated programme is one in which the constituent parts are combined into a whole. In the interpretation of the evaluation team it means, for example, that the needs of care and support are balanced with actions on prevention. The term does not imply a unified financing or management arrangement. An integrated workplan is a key feature of the actions of the UNAIDS cosponsors at country level.

Knowledge management involves the identification and analysis of available and required knowledge assets and knowledge asset related processes, and the subsequent planning and control of actions to develop both the assets and the processes so as to fulfil organisational objectives. See for example: <http://www.aij.ed.ac.uk/~alm/kamlnks.html#def> or <http://kmn.cibit.hvu.nl/>

Multi-sectoral As part of the expanded response, UNAIDS' strategy calls for country programmes to be multi-sectoral. The evaluation team understands that this means commitment across society, from political leaders at all levels through to religious leaders, NGOs, the private sector and, where appropriate, traditional leaders. The disease is not the sole responsibility of ministries of health. A recent publication puts forward a concise explanation: *'Multisectoral means looking beyond prevention to the whole epidemic. This includes treatment, policies and programmes to mitigate the impact of AIDS, and policies that will change the societal factors that influence long-run susceptibility and vulnerability to HIV/AIDS. In government each ministry has to ask what HIV and AIDS means for its*

⁵⁵ From http://www.ed.gov/databases/ERIC_Digests/ed356101.html

⁵⁶ Background Paper A (Advocacy), chapter 2.11

*core businesses and what it should be doing differently. Multisectoral response recognises the role of social and contextual factors conditioning individual decisions.*⁵⁷

Scaling up The literature on scaling-up reveals a wide variety of terminology and interpretation (see for example, Myers, Robert G. *Going to Scale*). The table here summarises many of the most commonly found terms. Some of the usages refer to processes of *coverage*, such as replication or expansion; others refer to *institutionalising* or mainstreaming; hence the notion of *horizontal* and *vertical* elements. In this evaluation the term is used to mean an increase from small to large impact. A **scaling-up strategy** needs to consider evidence of effectiveness, how to scale up efficiently (e.g. replication versus expansion) and the institutional processes to be supported.

<i>Terms</i>	<i>Usage</i>
Scaling-out	Dissemination Direct spread
Horizontal scaling-up	Replication Expansion of model
Scaling-out	Replication between countries
Spontaneous scaling-up	Spread
Scaling-up	Institutionalising Mainstreaming
Vertical scaling-up	Policy change directly or through advocacy
Scaling down	Decentralising Devolving

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Country-specific references appear in the country working papers

Annex 2 What is UNAIDS?

Programme structure and organisation

UNAIDS is a joint unified programme of the United Nations, defined in an ECOSOC resolution (1994/24). The programme has been operational since 1 January 1996 and started with six cosponsors (UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank). It subsequently increased to eight with the addition of UNDCP in 1999, and ILO in 2002.

The programme is served by a Secretariat based in Geneva. The programme is governed by a Programme Coordinating Board (PCB), comprised of 22 member states elected by ECOSOC with a regional distribution (five African states, five Asian states, two Eastern European states, three Latin American and Caribbean states, and seven Western European and Other states); the seven cosponsors, and five NGOs.

There is a Committee of Cosponsoring Organisations (CCO) comprised of the executive head, or his/her designated representative, of each cosponsoring organisation. The CCO meets twice a year to consider matters concerning UNAIDS and to provide inputs into the policies and strategies of UNAIDS. The UNAIDS Executive Director is Secretary of the CCO.

The UNAIDS Secretariat supports the Executive Director in its functions. At the end of 2001, the Secretariat employed worldwide 129 international professional-level staff positions plus 50 support staff approved under the UBW. Of the professional-level posts 61 were headquarters-based, 24 assigned to regional teams, and 44 working as Country Programme Advisers in priority countries.⁵⁸ Total staffing of the Secretariat is presently in excess of 250.⁵⁹ The structure of the Secretariat has evolved over time to reflect changing concepts and priorities. Under the current plan, the Executive Secretary is supported by an Executive Office and two management support groups, one dealing with administrative Programme Support, the other with Programme Development and Coordination. UNAIDS has two operational departments, one for Country and Regional Support, the other for Social Mobilisation and Information. The Executive Secretary is also assisted in its substantive leadership by a number of policy and advisory groups (reference groups) on topics as diverse as human rights; estimates, modeling and projections; monitoring and evaluation; ethics; science; and economics.

At **country** level UNAIDS operates through a UN Theme Group, with Secretariat staff (a country programme adviser - CPA) in some countries. The resident coordinator is required to establish a UN Theme Group on HIV/AIDS within the framework of General Assembly resolutions 44/211 and 47/199. UNAIDS was tasked to facilitate coordination among the cosponsoring organizations at country level. Funding for country level HIV/AIDS-related activities is obtained primarily through existing fund-raising mechanisms of the cosponsoring organizations.

In addition, the Secretariat has a small **regional** presence through a number of inter-country teams (ICT), based at Abidjan, Pretoria, and Bangkok, plus some CPA having responsibility for more than one country.

⁵⁸ In 2001, the PCB endorsed an additional 10 international CPA posts.

⁵⁹ This higher total staff number includes the Junior Professional scheme, donor and agency secondments, savings from employing of nationals on international level posts, as well as positions paid from extra-budgetary resources. Core budget staffing has hardly changed from the first biennium when it was 170.

Mission statement and functions

As the main advocate for global action on HIV/AIDS, UNAIDS leads, strengthens and supports an expanded response aimed at preventing transmission of HIV/AIDS, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

The aim is to achieve an expanded response to the epidemic at national level. The work of the programme is to help countries achieve the best possible response to deal with the epidemic, described as a set of functional areas consolidated into three clusters:

- Increasing awareness and commitment
 - Tracking the epidemic and responses to it
 - Advocacy, resource mobilization and partnership building
- Expanding capacity and knowledge
 - Identification and dissemination of best practice
 - Technical resource networking
 - Direct support to countries and partners
- Coordination and better use of resources
 - Unified planning and support to national strategic planning
 - Policy and strategy analysis and development
 - Governance.

Programme instruments and key documents

Unified Budget and Workplan

By 1998, following Coordinated Appeals by the Secretariat for 1996-97 and 1998-99, the CCO asked the Secretariat and cosponsors to develop jointly a unified budget and workplan for 2000-2001. The result was a comprehensive document with extensive and detailed information. The budget was classified into 13 programme components divided among the cosponsors, the secretariat and an 'interagency' category. The total budget was \$140 million for the two years. The mandates of the cosponsors are set out with reference to their contribution to the programme. Two addenda set out the activities and planned expenditure of the cosponsors and UNDCP (at that time not a cosponsor) for 1998-99 and 2000-2001. Subsequently, a UBW was prepared for 2002-2003, linked to the strategy set out in the GSF (see below).

Programme Acceleration Funds (PAF)

In the early days of the UNAIDS Programme, country-level funds were set aside, at the request of developing countries represented on the PCB, to maintain core financial support to National AIDS programs after the demise of GPA. The direct financial support of these programmes was eventually phased out and replaced by more strategic funding modality, known as Special Programme Development Funds (SPDF). A revised modality, referred as Programme Acceleration Funds, was introduced for the 2000-2001 biennium.

Under the 2000-2001 biennium budget a total of \$16m has been allocated to theme groups in 96 countries. Allocations to individual countries ranged from \$30,000 to \$600,000 (most affected and larger countries): 14 received over \$300K, 15 between \$200 and 300K, 37 between \$100 and 200K, 30 ended up with \$30-\$80K.

Global Strategy Framework (GSF)

In 2001, in advance of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) the Secretariat prepared a global strategy framework (GSF) that proposes a set of twelve leadership commitments. The document rationalises the complexity of goals and strategy found in earlier documents to three overarching strategies:

- Decreasing the risk of infection

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- Decreasing vulnerability
- Decreasing the impact of the epidemic

UN System Strategic Plan (UNSSP)

In parallel with the preparations for UNGASS, the Secretariat and cosponsors, under direction of the PCB, prepared a UN System Strategic Plan (UNSSP). The UNSSP is a collective presentation of the plans and strategies of 29 UN system organizations and departments working on HIV/AIDS. It builds on the Leadership Commitment in the GSF, linking these to nine specific areas of work, and for the first time introduces a results-chain presentation of causality for performance monitoring.

For more details about UNAIDS visit the website at:

<http://www.unaids.org>

A summary of findings from the 1992 External review of the WHO Global Programme on AIDS

Chapter 1

WHO achievements were characterised by five main themes:

- Farsightedness and vision
- Effective advocacy and information exchange
- Avoidance of discrimination and promotion of human rights
- The perception of AIDS as a multi-dimensional and multi-sectoral issue, highly dependent on social and behavioural factors
- A rapid operational response

Chapter 2

Conclusions

- GPA played a vital role in providing technical assistance
- GPA has an important role to channel funds to countries lacking bilateral support
- GPA operational support not always clearly planned and adequately managed
- External factors have constrained NAP implementation and limited effectiveness of support
- Assistance with AIDS is needed across sectors whether or not coordinated by multisectoral national bodies

Recommendations

- To encourage governments to develop comprehensive and integrated national AIDS programmes
- Donors to increase their unspecified, undesignated commitments to the Trust Fund
- GPA to revise four rigid funding categories (used in projects)
- GPA to improve accounting procedures
- GPA to review types and numbers of long-term advisers and short-term consultants recruited on behalf of governments
- GPA to develop procedures to brief consultants prior to missions
- GPA to share procurement burdens with other agencies
- GPA and UN partners to support establishment of multisectoral bodies at country level

Chapter 3

Conclusions

- Reasonable resource balance achieved between global and country needs
- Strategies not developed to tackle women, human rights, advocacy and collaboration with NGOs
- Insufficient long-term thinking about the changing dynamics of AIDS
- Progress being made to create usable design tools for country interventions
- Endorsement of a unit for socio-behavioural research and attempts to focus pure and applied research
- Uncertainty about support from WHO Regional Offices
- WHO Representatives to be more involved in assisting national programme managers

Recommendations

- GPA to develop a strategic plan for the programme as a whole
- GPA to actively seek collaborators to develop strategies in seven areas
- Internal units to collaborate in defining and linking research agendas
- GPA to work with governments and industry to develop strategies for widespread distribution of vaccines or drugs
- Communication between GPA staff to be improved
- GPA to define functions of HQ and regional offices based on urgency and effectiveness of response as the overriding criterion.

Chapter 4

Conclusions

- Collaboration between UN agencies needs to be structured if expertise is to be harnessed
- WHO to remain as UN leader for policy and coordination, but that leadership to be clarified and reaffirmed
- Ill-defined donor expectations led to excessive scrutiny by GPA Management Committee (GMC); potential of Global Commission on AIDS not being fully realised
- NGOs have a key role to play and need to be involved more
- Collaboration between GPA and other WHO programmes not as good as it should be

Recommendations

- GPA Management Committee to form a working group to look into structuring UN collaboration
- GPA and other UN agencies to collectively define the leadership responsibilities and coordination role of WHO/GPA
- Stronger inter-agency collaboration at country level
- Degree of control by GMC to be consistent with that of other WHO Special Programmes
- Mandate, terms of reference and constitution of the Global Commission on AIDS to be reviewed
- GPA to strengthen collaboration with and advocacy on behalf of NGOs

The Future

Proposed GPA areas of competence

- Provision of technical and policy guidance
- Global surveillance
- Monitoring and dissemination of information
- Technical and ethical standard-setting
- High-profile advocacy

Annex 3 Mandates and programming priorities of the cosponsors⁶⁰

The **United Nations Children's Fund (UNICEF)**, acting within the framework of the Convention on the Rights of the Child, works with governments and nongovernmental organizations in the fields of health, nutrition, basic education, safer water and sanitation to improve the lives of children, youth and women. It brings to UNAIDS its operational field capacity in over 160 countries. UNICEF's priority programme areas for HIV/AIDS focus on prevention of infection, especially of adolescents, school AIDS education, children and families affected by AIDS, and mother-to-child HIV transmission.

The **United Nations Development Programme (UNDP)** works to increase understanding of the social and economic impact of HIV/AIDS on development, to create effective gender-sensitive multisectoral HIV/AIDS policies and poverty reduction strategies; and to strengthen institutional management, aid coordination and disbursement mechanisms. UNDP advocates for increased development funding and for actions to break the silence surrounding the epidemic. It promotes discussion and implementation of policies that integrate HIV/AIDS into national development strategies, poverty reduction strategies and institutional reform. UNDP acts as an honest broker in bringing together effective community-based programmes with potential sources of funding.

The mandate of the **United Nations Population Fund (UNFPA)** is, *inter alia*, to build the knowledge and capacity of countries to respond to needs in the area of population, with a major focus on reproductive health, including family planning and sexual health. UNFPA contributes to UNAIDS' mandate through its worldwide network of country offices; its expertise in reproductive health promotion and service delivery, its experience in logistics and management of reproductive health commodities, including condoms, and its experience in working with nongovernmental organizations, in organizing technical assistance and in strengthening national capacity-building.

The **United Nations International Drug Control Programme (UNDCP)** is entrusted with exclusive responsibility for coordinating and providing effective leadership for all United Nations drug control activities. In this context, UNDCP is active in supporting HIV/AIDS prevention programmes to reduce the demand for illicit drugs. Its primary focus is on youth and high-risk groups. UNDCP operates from its headquarters in Vienna, Austria, as well as from a field network currently serving 121 countries and territories.

The mandate of the **United Nations Educational, Scientific and Cultural Organization (UNESCO)** is to foster international cooperation in intellectual activities designed to promote human rights, help establish just and lasting peace and further general welfare of mankind. UNESCO contributed to UNAIDS by virtue of the scope of its fields of competence, its interdisciplinary approaches, and its experience, and by bringing the vast network of institutions with which it collaborates into the fight against AIDS.

As a leading international health authority, the **World Health Organization (WHO)** supports countries to strengthen their health system's response to the epidemics of HIV/AIDS and sexually transmitted infections. Its major focus is on prevention of HIV and sexually

⁶⁰ UN ACC (2000) Guidance Note for the United Nations Resident Coordinator System: Towards a multi-sectoral response to HIV/AIDS, Annex 1 (More recent material is available for some cosponsors, but this version is quoted as being reflective of the period under evaluation)

transmitted infections, vaccines and microbicides; prevention of mother-to-child transmission of HIV, blood safety; epidemiological and behavioural surveillance; safe injection practice; strengthening of health systems; voluntary counselling and testing; management of HIV-related illnesses; alternatives and complements to hospital care; access to drugs.

The mandate of the **World Bank** is to alleviate poverty and improve the quality of life. Between 1986 and late 1999, the World Bank committed over US\$ 980 million for more than 75 HIV/AIDS projects worldwide. Most of the resources have been provided on highly concessional terms. To more effectively address the devastating consequences of HIV/AIDS on development, the Bank is strengthening its response to the epidemic, working in partnership with UNAIDS, donor agencies and governments. The Bank 'Intensifying Action against HIV/AIDS in Africa' strategic plan aims to rapidly increase action and available resources and to bring to scale the interventions needed for prevention and impact mitigation.

The principal goal of the **ILO** is to promote opportunities for women and men to obtain decent and productive work, in conditions of freedom, equality, security and human dignity. HIV/AIDS has impacted significantly on the world of work. It has resulted in employment discrimination, social exclusion, gender-related inequalities, and can be presumed to have exacerbated the problem of child labour. It has disrupted the performance of the informal sector and threatened occupational safety and health especially among certain risk groups, such as migrant workers and their families and workers in the transport sector. ILO's cosponsorship contributes a tripartite approach of working with governments, trade unions, and the private sector. With respect to HIV/AIDS, the ILO focuses on advocacy and normative work at the global, regional, sub-regional and national levels.

Agency programme priorities in HIV/AIDS

UNICEF: Prevention of HIV infection among children and young people; prevent parent-to-child transmission of HIV infection; provide care for children, young people, and parents living with HIV and AIDS; ensure protection, care and support for orphans and children in families made vulnerable by HIV/AIDS

UNDP: promoting robust and action-oriented *advocacy* for leaders at all levels - generating political commitment and mobilization of actors and institutions well beyond the health sectors; helping countries develop capacity for action, as well as plan, manage and implement their response to the epidemic, including the integration of HIV/AIDS into poverty reductions strategies, the reallocation of resources (including debt relief savings) towards prevention, care, and impact mitigation; promoting a human rights framework and gender perspective in all aspects of the response; providing special assistance to the worst affected countries to help mitigate the impact on human development, governance structures, and the provision of essential services, and promoting well-designed, powerful, coordinated UN information and communication response at country level.

UNFPA: HIV prevention through *advocacy* and IEC and through the integration of HIV prevention in national reproductive health programmes (special attention will be given to adolescent reproductive and sexual health, condom -both male and female- programming, and prevention of HIV infection transmission to mothers and children).

UNDCP: prevention and control of spread of HIV through drug abuse; HIV prevention among injecting drug users.

UNESCO: preventive education to promote health and prevent disease by providing the knowledge, the attitudes, the skills and the means to foster and sustain behaviour that reduces

risk, improves care and lessens the impact of illness, directed at *advocacy* at all levels; customizing the message; changing risk behaviour and vulnerability; care for infected and affected.

WHO: Surveillance, Prevention of mother-to-child transmission (PMTCT), Voluntary counselling and testing (VCT), Adolescent sexual and reproductive health, Sexually transmitted infections (STI), Blood safety, Vaccines, Care and support, including access to drugs, Vulnerable populations and Injecting drug users (IDUs), Health workers and HIV through normative role, and a focus on expanded and intensified technical support to countries, notably: Development of guidelines, tools and methodologies, support and coordination of high level research on HIV/AIDS and reproductive health, and new technologies including vaccines, diagnostics and microbicides, assist countries to build capacities that will enable them to scale up their responses to the HIV/AIDS epidemic.

World Bank: design, planning, and supervisory support to Multi-Country HIV/AIDS Programmes (MAPs) and other lending instruments in countries, including development of tools for project development; global-level trust fund mechanisms to channel grant resources to multi-party country plans in priority countries; development of innovative finance mechanisms at the country level for HIV/AIDS programming, including community-level finance, macro finance, and the development of modules for including HIV/AIDS in HIPC, PRSP, CAS, and public expenditure reviews; development of innovative mechanisms to stimulate the R&D, demand, and supply of vaccines, microbicides, and other key public goods; efforts in the area of economic impact and the development of economic tools. Develop project costing tools (e.g., software) for use in specific country and sectoral settings, as well as models to assess the impact of AIDS on the macro economy and on specific sectors; *advocacy* at the global level in economic, finance, and planning sectors as well as key lending sectors of the World Bank; *advocacy* at the country level in economic, finance, and planning sectors as well as key lending sectors of the World Bank.

ILO: promotion of a “social vaccine” for prevention and protection that would include elements such as social inclusion, income and job security, social security, solidarity and optimal use of treatment; strengthening normative activities through vigorous *advocacy* and dissemination of best practice; greater involvement of governments, employers’ organizations and workers’ organizations in the formulation and implementation of social and labour policies and programmes that mitigate the effects of HIV/AIDS; documentation and dissemination of information and statistical data through effective labour market information systems; promotion of ILO’s international labour standards and national labour legislation to help mitigate HIV/AIDS-related stigma and discrimination; promotion of the integration of HIV/AIDS in social security schemes *advocacy* to promote income and employment opportunities for PLWHA and their families through, for example, informal sector and small enterprise development.

Source: UN System Strategic Plan for HIV/AIDS, 2001-2005, compiled from Annex III

Annex 4 Terms of Reference/Functions of PCB and CCO

PCB - Terms of reference/functions

- I. To establish broad policies and priorities for the Joint Programme
- II. To review and decide upon the planning and execution of the Joint Programme
- III. To review and approve the plan of action and budget for each financial period
- IV. To review proposals of the Executive Director and approve arrangements for the financing of the Joint Programme
- V. To review longer term plans of action and their financial implications
- VI. To review audited financial reports submitted by the Joint Programme
- VII. To make recommendations to the Cosponsoring organisations regarding their activities in support of the Joint Programme including those of mainstreaming
- VIII. To review periodic reports that will evaluate the progress of the Joint Programme towards the achievement of its goals.
- IX. Annual reports submitted to the PCB on the work of the Joint Programme together with any comments the PCB may wish to make shall be made available to the governing bodies of each of the Cosponsoring organisations and ECOSOC.

Report of the First Meeting of the Programme Coordinating Board of UNAIDS, 13-14 July 1995 : UNAIDS/PCB(1)95.6 31 July 1995. Annex 3.

CCO - Terms of reference

“A Committee of Cosponsoring Organisations (CCO) serves as a forum for the Cosponsoring Organisation to meet on a regular basis to consider matters concerning UNAIDS, provides input from Cosponsoring organisations into the policies and strategies of UNAIDS and serves as a standing committee of the PCB. Specifically the CCO has the following functions:

- I. To review work plans and the proposed programme budget for each coming financial period prepared by the Executive Director and reviewed by such advisory committees as may be established by the Executive Director in time for presentation at the annual meeting of the PCB
 - II. To review technical and financial proposals to the PCB for the financing of the Joint Programme for the coming financial period
 - III. To review technical and audited financial reports submitted by the Executive Director and to transmit these with comments as appropriate to the PCB
 - IV. To make recommendations to the PCB
 - V. To review the activities of each Cosponsoring organisation for appropriate support of as well as consistency and co-ordination with the activities and strategies of the Joint Programme
 - VI. To report to the PCB on the efforts of the Cosponsoring Organisations to bring the Joint Programme’s policy as well as strategic and technical guidance into the policies and strategies of their respective organisations and to reflect them in activities specific to their mandates
 - VII. To decide on behalf of the PCB issues referred to it for this purpose by the PCB.”
- (UNAIDS/PCB(1)95.6 31 July 1995)

Annex 5 UNAIDS logframe

Table 1 Excerpt from UNAIDS logical framework

Level	Objectives	Indicator categories
Impact	<ul style="list-style-type: none"> Reduced HIV/AIDS impact Reduced transmission of HIV Reduced HIV/AIDS vulnerability 	<ul style="list-style-type: none"> i HIV prevalence, behaviour, knowledge ii HIV/AIDS care and support
Outcomes at national and global levels	<ul style="list-style-type: none"> Expanded national responses and resources focused on agreed goals Expanded global and regional responses and resources focused on agreed goals 	<ul style="list-style-type: none"> iii Improved national strategic plans and strengthened participatory processes to support their development and implementation iv Expanded capacity and sustained commitment at national level to support scaling up of community and district responses v Increased commitment, programme capacity and partnership building processes vi Increased support to district level and below for local response development vii Increased technical and financial resources for HIV/AIDS activities and resource mobilization processes
Institutional outcomes	<ul style="list-style-type: none"> Better use of international resources through improved coordination Increased knowledge and capacity of international partners to address HIV/AIDS Stronger commitment of international partners to act through increased awareness and accountability 	<ul style="list-style-type: none"> viii Integrated workplans on HIV/AIDS for the United Nations System at the global, regional, and country levels ix Increased technical and financial resources for HIV/AIDS activities within the budgets and workplans of the international partners
Outputs	<ul style="list-style-type: none"> Delivery of specific results by UNAIDS Cosponsors and Secretariat 	<ul style="list-style-type: none"> x Transaction costs associated with the programme xi Results targets from workplans and budgets
Activities or functions	<ul style="list-style-type: none"> Policy advocacy for increased awareness and commitment Information to expand capacity and knowledge Coordination and better use of resources 	<p>Areas of work listed in 2002-2003 UBW</p> <ol style="list-style-type: none"> 1. Ensuring an extraordinary response to the epidemic 2. Cross-cutting issues required for an expanded response 3. Protecting children and young people from the epidemic and its impact 4. Addressing those most vulnerable to, and at greatest risk of, HIV/AIDS infection 5. Care and support to individuals and communities affected by HIV/AIDS 6. Operations and biomedical research 7. Human resource and institutional capacities 8. Policies and programmes to address HIV/AIDS and its socio-economic impacts 9. Governance, management and administration

Source: Five-year Evaluation of UNAIDS Inception Report, 7 September 2001

Annex 6 Timeline of key events

Year	Event	Comments
1996	<ul style="list-style-type: none"> UNAIDS is created UNAIDS 1996-2000 Strategic Plan 	First statement of core values, guiding principles, goals, objectives and strategy – draft by nascent Secretariat staff, little consultation with cosponsors
	<ul style="list-style-type: none"> Evidence of the efficacy of Highly Active Antiretroviral Therapy (HAART) presented for the first time 	
1997	<ul style="list-style-type: none"> Formation of Global Business Council on HIV/AIDS 	
1998	<ul style="list-style-type: none"> Brazil becomes first developing country to provide antiretroviral therapy through its public health system First short course regimen to prevent mother-to-child transmission is announced 	
1999	<ul style="list-style-type: none"> First efficacy trial of a potential HIV vaccine in a developing country starts in Thailand Council of Ministers of OAU endorsed IPAA in Algiers meeting (July) The Köln Economic Summit of the G-8 addressed HIV/AIDS during their annual meeting of the Group's Heads of State 'Confronting AIDS' published by the World Bank 	Rigorous policy analysis demonstrating the importance of targeted interventions
2000	<ul style="list-style-type: none"> UNAIDS 2000-2001 Unified Budget and Workplan (UBW) UN Security Council Special Session on AIDS in Africa (January) IMF/World Bank Spring Meeting Special Session on impact of HIV/AIDS World Bank publishes an HIV/AIDS strategy for Africa UN Security Council addressed by UNAIDS Executive Director (July) International Conference on HIV/AIDS, Durban (July) - need for increased resource flow Okinawa Summit of G8 Millennium Summit (September) - target to reverse spread of HIV/AIDS by 2015 African Development Forum meeting in Addis Ababa (December) - country profiles presented by Secretariat showing economic impact of AIDS 	First UBW, evolved strategy from 1996-2000 document; wider consultation with cosponsors but still primarily a Secretariat-driven statement Proposed by the US in order to highlight the statistics of prevalence and implications for Africa
2001	<ul style="list-style-type: none"> UNAIDS published Global Strategy Framework Charitable foundations meeting in Seattle agree to an aspirational goal of 5% of funding to be devoted to HIV/AIDS-related activities 	Consolidation of strategy to three key elements, identification of desired outcomes for planning cosponsor and UN organization objectives

Year	Event	Comments
	<ul style="list-style-type: none"> ▪ Africa Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, Abuja (May) - call for a Global Fund ▪ UN General Assembly Special Session on HIV/AIDS (UNGASS) ▪ UN Secretary General calls for creation of a global fund on AIDS and health ▪ WEF meeting, Davos, two sessions dedicated to HIV/AIDS ▪ UN System Strategic Plan 	<p>Collective presentation of the plans and strategies of 29 UN system organizations in order <i>‘to focus system-wide efforts along reinforcing lines of action’</i></p>
2002	<ul style="list-style-type: none"> ▪ UNAIDS 2002-2003 Unified Budget and Workplan (UBW) ▪ GFATM makes first call for proposals and approves \$378 million (April) 	<p>Structured to build on the global strategy framework; close consultation with cosponsors – improved ownership</p>

Annex 7 “Expanded Governance” Scenario

The main body of the evaluation report contains a series of recommendations that may help to remedy some of current operational weaknesses of the UNAIDS programme. Adding to the reforms already initiated under the programme, these measures will not, however, deal with the systemic deficiencies of UN development cooperation weighing upon UNAIDS - most importantly, parallel accountability systems of UNAIDS partner agencies and blurred agency relationship with programme and OECD donor countries. For that a new operational and accountability relationship has to emerge between the UN system, programme and donor countries. A model of expanded governance at both country and global level, as outlined below, could be the key to more effective collaboration.

The existing governance framework of UNAIDS, centred on the Programme Coordinating Board, has been instrumental in shaping and consolidating the UNAIDS programme through its formative years. However, the formal narrow focus on UN system action may be unnecessarily restrictive and fail to realize the full potential of the UN system in channeling global energies and stimulating the much-intensified response needed to meet present and future challenges of the HIV/AIDS epidemic.⁶¹

While the current governance setup is geared towards the UNAIDS programme and hence the UN system contribution to the expanded response, there is a growing need to focus attention more squarely on the scope and quality of the expanded response as such. A leap in terms of coordinated action by all stakeholders towards a more integrated and more effective global response is needed. An expanded framework, which would bring stakeholders - including country governments, OECD donors, NGOs, and UN system agencies – together to coordinate and jointly govern their resources and actions is called for. The platform would engage joint stakeholder responsibility for mobilising and deploying critical financial and human resources in the fight against HIV/AIDS.

The UNAIDS Programme holds the nucleus of the more comprehensive coordination and governance structure for an expanded response at the global level and carries the promise for a more integrated assistance of all development partners at the country, via the “partnership forum” under the ultimate leadership of the national government. UNAIDS monitoring of global needs and availability of resources and tracking of the quality and appropriateness of programme responses and evolving needs provide coherence to such a governance structure in the way of directing attention to the adequate integration of assistance to priority concerns of the global and national programmes. The forum would also allow closer follow-up of normative guidance by the UN system and its partners.

In spite of the paradigmatic shift in governance from a narrow UN to an expanded partner focus, no major institutional overhaul is necessary as most elements are already in place. What is rather required is a subtle realignment by widening the scope of the existing institutional processes (needs identification, monitoring, evaluation, etc.) to the stakeholders of the expanded response.

⁶¹ The conditions, which are more fully described in the text, include, but are not limited to: the emergency nature of the HIV/AIDS epidemic, especially in Southern Africa, the special requirements of a scaled-up response, the greater availability of resources, large unmet financial and human resource needs, the multiplication of actors, and the availability of treatment options.

Global Level

At global level, the PCB could become the centrepiece of the governance framework for the expanded response by relinquishing its narrow role of governing UBW resources that are fairly tiny compared to the overall resource needs of an expanded response in the multi-billion dollar range. Instead, it could evolve into the primary body for guiding and monitoring the integration of development partner activities for an expanded response, covering the actions of national governments, donors, NGOs, UN and other agents of the response, rather than only the UN end of it.⁶² This role would bring some structure to today's increasingly complex institutional landscape in the HIV/AIDS field. The PCB would be responsible for ensuring that the necessary resources are mobilised and allocated in line with global needs and priorities, including pledges to the Global Fund for AIDS, TB and Malaria, as well as bilateral and multilateral aid, and country resources.

As part of this process, the PCB would also determine the budgetary envelope (excluding World Bank loans) for UNAIDS support services to the expanded response at global and country levels. Country-level support requirements would be determined through a local planning/decision process in the context of the partnership forum (see below). The PCB would raise the funds for the UBW (global and regional resources plus a reserve for country allocations) and thereby further simplify UNAIDS resource acquisition. Donors would be expected to notify all HIV/AIDS earmarked funding, both bilateral and multilateral, to the PCB.

Most importantly, it would develop a new function to monitor the outcome effectiveness of those funds through periodic performance reviews. Taken together, global and local arrangements would provide a true accountability framework for the UN system support to the expanded response to HIV/AIDS by linking resources decisions to joint performance.

UNAIDS Secretariat would provide administrative and substantive support to the 'rededicated' board and thus serve as anchor for the stakeholder accountability framework. As stakeholders, the UNAIDS cosponsors would be members on the board alongside implementing country governments, OECD donors and NGOs.

The UNAIDS Programme would benefit from a Management Board, building on the present CCO structure. In the new model major UN agencies involved in the campaign against HIV/AIDS (not restricted to cosponsors) would serve as directors. The Board would also elect non-executive members (from programme country governments, NGOs, PLWHA, private sector). HIV/AIDS Focal Points would typically represent their UN agencies on the board. Board membership should be limited in number to allow for effective management. The Board, headed by the UNAIDS Executive Director, would be responsible for all strategic decisions relating to unified and joint elements of UN support. The Board would meet regularly (quarterly or more often as necessary) to meet its strategic management responsibilities, which would include detailed scrutiny and development of the budget. Day-to-day operational decisions would be the responsibility of the UNAIDS Executive Director. The Secretariat would be accountable to the Management Board.

⁶² Size and composition of the board, and criteria and duration of membership may have to be adjusted to allow the board to effectively discharge its wider mandate.

Country Level

The expanded governance scenario at country level would involve transforming the “partnership forum” or a similar nationally led coordination structure such as a national AIDS council into the governance mechanism for the integration of external development partner assistance with the national response. Depending on the specific country situation, the mechanism would either maintain a separate institutional identity or become an integral part of the national HIV/AIDS governance structure.⁶³ Typically, the National AIDS Programme Coordinator would chair the forum involving representatives of the major national (government and non-governmental) and international development partners active in HIV/AIDS. Size, composition and frequency of meetings would hinge on the particular country circumstances.

The forum would be the central locus for ‘mobilisation’ of external financial and technical resources and for guiding external resource allocation and programming decisions in support of an expanded response through the National AIDS Programme. Forum reviews would encompass moneys channelled through the GFATM, bilateral programme resources from OECD donors, NGOs and Foundations, and funds flowing through the multilateral system with a view to matching the funding to priority national programme needs. Because of its normative and honest broker qualities, the UN system would be responsible for monitoring resource flows and tracking the adequacy of the joint response in collaboration with Government. Joint review of needs and joint evaluation of programme progress, involving major development partners, would provide the entry points for more integrated programming. Overall, the joint forum would support the move towards needs-based programme funding rather than supply-driven project picking.

In regard to the UN system, the forum would provide a structure for delineating more closely the demand for its services in support of prevention programmes and treatment initiatives. In addition to agreeing on advocacy and information brokerage services, the role and responsibilities of the UN system in capacity building would have to be part of the discussions. Inasmuch as the activities in question⁶⁴ respond to support needs of the development partners, it would be up to the forum to actually set aside (mobilise) an adequate percentage for the UN agencies. In return, UN agencies would have to account jointly to the forum for the effective use of funds.

The partnership forum would be assisted by a technical secretariat, which could be built around the external functions of UN Theme and Technical Working Groups. The secretariat would be tasked to support the coordination work of the development partners represented in the forum, including through policy guidance, strategy development and support, monitoring and evaluation of the expanded response. The secretariat would draw on a cross-spectrum of country-based HIV/AIDS and development specialists of the UNAIDS cosponsors and national and international experts in universities, foundations, development agencies etc., led by the CPA, as appropriate. UN system internal operational management issues would be handled by the UN Country Team under the leadership of Resident Coordinator.

The success of the ‘partnership forum’ rides to some extent on the financing agencies’ ability to have a certain amount of flexibility to programme their resources in the countries.

⁶³ In either case essential elements for an effective accountability and coordination structure should be in place: bottom-up accountability, streamlined pledging and resource allocation process, decentralized implementation.

⁶⁴ The negotiating document would be akin to the present Integrated Workplan tool, itself a subset of the strategic activities of the National Programme.

Annex 1



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Dr. Peter Piot
Executive Director, UNAIDS
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20 avenue Appia, CH-1211, Geneva 27, Switzerland.

8 October 2002

Gentlemen,

It is my pleasure to submit the Final Report of the Five-year Evaluation of UNAIDS. The study has been carried out within the frame of reference approved by the PCB and described in the Mandate for the Evaluation. Draft versions of the report have been discussed at length with the Evaluation Supervisory Panel, and presented to a forum of stakeholders at a meeting in Geneva, at which many useful suggestions and comments were made. But responsibility for the findings and conclusions is entirely that of the Evaluation Team.

The evaluation finds much to praise in the work of both the Secretariat and the cosponsors. The joint programme of UNAIDS fulfils a role that no single international organisation could match. Given the changing context of the disease there is scope to sharpen the focus of the programme and shift the balance of effort to more support at country level. Recommendations designed to update and improve the objectives, functions, management and governance of the programme are put forward for consideration by the PCB. We are confident that with these changes the programme has the potential to stimulate a significant impact against the disease.

Yours faithfully,

Derek Poate
Evaluation Team Leader

Annex 2

2 FIVE-YEAR EVALUATION OF UNAIDS

**Evaluation
(ESP)** **Supervisory** **Panel**

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Ministry of Health, Av Jo?o Cris?stomo #9
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Portugal

Dr Peter Piot
Executive Director
UNAIDS

31 October 2002

Dear Sirs,

I have the honour to transmit to you the ESP Appraisal of the Final Report of the Five-Year Evaluation of UNAIDS. The Final Report, prepared by the contracted Evaluation Team, the ITAD consortium, was transmitted to you on October 9th.


I would like to also take this opportunity to express the appreciation of ESP members for the opportunity of serving on the Supervisory Panel. Our work has been interesting and informative, and we believe it has contributed to expectations of the PCB in approving the Mandate for the Evaluation in October 2002, i.e. "an independent, high quality and credible Evaluation that will serve as a basis for guiding the future policy and programme development of the Programme at all levels".

cc: His Excellency, Mr Osmo Soininvaara, Minister of Social Affairs and Health,
Ministry of Social Affairs and Health, Finland
His Excellency, Mr C.P. Thakur, Minister of Health and Family Welfare, Government
of India

ENCL.: (1)

On a personal note, I would like to thank you both for the support and encouragement that you have provided to the ESP in its work. I would also wish to extend this appreciation to the previous PCB Chairs, Mr Osmo Soininvaara and Dr C.P. Thakur, who supported my selection as Chair, and have also provided support to the ESP in earlier stages of the Evaluation.

Yours sincerely,



Euclides Castilho
Chair, ESP

ESP Appraisal of the Final Report of the Five-Year Evaluation on UNAIDS

9 A. Evaluation Mandate

1. At its 7th meeting in December 1998, the PCB approved the framework and plan for monitoring and evaluation of UNAIDS developed first by the PCB Working Group on Indicators and Evaluation and later by the Monitoring and Evaluation Reference Group (MERG), including an evaluation of UNAIDS in 2001, five years after its establishment. The enlarged meeting of the MERG in September 2000, which included representatives from recipient and donor countries, bilateral and Cosponsor evaluation offices as well as independent evaluation experts, prepared the Mandate for the Five-Year Evaluation. The expanded MERG also identified a process for selecting the independent Evaluation Supervisory Panel. The Mandate document was approved by the Extraordinary meeting of the PCB on 27th October 2000. The PCB Chair, in consultation with the past Chair, Vice-Chair and the Chair of the MERG, selected the ESP Chair and members in December 2000. At its tenth meeting on 14-15 December 2000, the PCB took note of the appointments and requested the ESP to proceed with the Evaluation as per the approved Mandate. At its 12th meeting on 30 May – 1 June 2001, the PCB agreed to an extension of the evaluation timeframe to December 2002.
2. The Mandate document sets out the terms of reference for the Evaluation study. It also sets out a management structure and a number of principles for conducting the Evaluation. These include independence and transparency of the Evaluation process, an opportunity for mutual learning, consultation and participation of stakeholders, a forward-looking perspective, and quality control in supervising the implementation of the Evaluation study itself.
3. Independence of the Evaluation process came from the selection of individual ESP Chair and members, who were independent in relation to UNAIDS and acted in a personal capacity. The Evaluation Team was selected by international competitive bidding. UNOPS was engaged by the ESP to ensure that UN standards were met in the selection process.
4. To ensure transparency, stakeholders were kept informed of the progress of the Evaluation through regular ESP Chair Bulletins, (distributed via relevant UNAIDS mailing lists and posted on the UNAIDS website), and progress reports to the PCB.
5. The ESP launched a wide consultation process with stakeholders on the draft Inception Report and the Draft Final Report. The process included solicitation of written comments as well as two stakeholder workshops attended by members and observers of the PCB, and the MERG. The first workshop reviewed the Evaluation Team's Inception Report, in which the Team presented the scope and methodology of the planned evaluation. The second workshop reviewed the Draft Final Report. The objectives of the consultations were clearly stated for stakeholders, including the need to see the Evaluation results in terms of future directions for UNAIDS.
6. In its supervisory responsibilities, the ESP held five regular ESP meetings, and two partial meetings with other members participating via teleconference, in addition to regular

consultations via email. The Chair, Vice-Chair and other ESP members attended meetings to brief the Evaluation Team and major stakeholders on key issues for the Evaluation. The ESP also acted as a peer group for the Evaluation Team. The ESP was assisted by a Management Support Team consisting of a Leader, two independent experts in the areas of health and evaluation, and an administrative assistant on loan from the UNAIDS Secretariat.

7. The Mandate document requests the ESP “to prepare an appraisal of the Final Report for the PCB regarding the quality and objectivity of the Evaluation, the appropriateness of the Evaluation methods and the degree to which the findings of the Report are founded in the analyses it contains” (Annex 1, UNAIDS/PCB(10)/004). The Extraordinary PCB meeting also requested the ESP “to recommend follow-up actions” (UNAIDS/PCB(E)/00.5).

10 B. ESP Appraisal of the Final Report

8. The Final Report with the supporting material was completed within the amended timeframe and in accordance with the agreed workplan. Overall, the ESP judges that the Evaluation methodology was appropriate and responded to the criteria laid out in the Mandate. Although there were limitations with regard to the data collection, it was sufficiently extensive to elucidate the main questions of the Evaluation. The conclusions of the Evaluation are well supported by the evidence, and the recommendations are forward-looking.

Appropriateness of the Evaluation methodology and coherence with the mandate

9. The Mandate set challenging tasks to the Evaluation. It required the Evaluation Team to both evaluate by ECOSOC objectives, and by functional areas of UNAIDS. In terms of scope it was stipulated that the Evaluation should *not be an evaluation of all HIV/AIDS activities of Cosponsors*, the focus being on the *added* value of the UNAIDS program. The Mandate further stipulated that the Evaluation should address global, inter-country and national levels and that ultimate impact of UNAIDS should be a core concern of the Evaluation (Annex 1, UNAIDS/PCB(10)/004, Section II and III). The Evaluation Team has dealt adequately with the broad scope of the Evaluation within the given framework.
10. The design of the Evaluation conformed to international standards in evaluation, including, in particular, those promoted by the Development Assistance Committee (DAC) of the OECD. The methodology set out in the Inception Report, summarized in Annex I of that Final Report, was comprehensive. Key aspects included a document review in the early stages; a balance between the number of countries visited and people contacted within the time available; and interviews with the UNAIDS Secretariat, Cosponsors, major bilateral agencies, civil society organizations, and government programme representatives. The mix of stakeholders allowed the Evaluation Team to triangulate the information they were receiving, a standard approach to assessing the differing views of interested parties.
11. The Evaluation was constrained by differences in what UNAIDS means to different stakeholders at national and global levels, by a rapidly changing environment, the sensitive character of the disease, a lack of data, and the limited time in relation to the comprehensiveness of the task. The Evaluation Team dealt with these constraints in a professional and sound way. It took the varying definitions of UNAIDS as a point of departure, responded adequately to new events such as the formation of the Global Fund on AIDS, TB and Malaria, refined its

methodology in response to difficulties and gaps in the data collection, and made acceptable trade-offs between time-limitations and data-gathering opportunities.

12. The Mandate specifically required that the Evaluation Team seek judgments about the probability that an expanded response as defined by UNIADS, would lead to impact on mitigating the effects of the epidemic. The Team was also required to consider what data would be needed for establishing causal links between UNAIDS' actions and impact, and to report on the potential for evaluating impact in the future. The Team, as indicated in the Inception Report, aimed to measure likelihood of impact, but given the paucity of data it has not been able to draw any conclusions on this evaluation criterion. The Team points to a general lack of data at the country level on the effectiveness of interventions in terms of preventing transmission and mitigating effects of the epidemic, making it impossible to draw conclusions on the impact of UNAIDS' efforts to strengthen an expanded response at the country level.
13. The mandate further stipulated that the Evaluation should be an opportunity for mutual learning, consultation and participation of stakeholders. These principles were part of the methodology of the Evaluation study, both at the global level and in the country studies. The Evaluation Team carried out the participatory elements of the methodology as agreed. As much as practical, the Evaluation Team responded to the methodological suggestions put forward during the first stakeholder consultation process on the Inception Report, and to the analytical suggestions and recommendations resulting from the 2nd consultation on the Draft Final Report. The openness of the Evaluation Team to suggestions and comments and their capacity to integrate these in their methodology, conclusions and recommendations has to be commended. It not only has improved the quality of the Evaluation, it also increases the likelihood that the results of the Evaluation will be of use to UNAIDS and all other stakeholders.

The degree to which the findings of the Report are founded in the analyses it contains

14. Evaluation reports need to be both *reliable* (based on enough information from enough cross-checked sources) and *valid* (they should measure what they set out to measure). The Evaluation Team has produced nine country papers, four background papers, a thematic study on governance of global programmes, and the Final Report. All of these reports are for general distribution. The main conclusions in the Final Report are well cross-referenced with relevant sections in the Background Papers, which cover the results of the Evaluation by the three main functional areas of UNAIDS and governance. The use of different data-sources and the mechanisms for feedback and validation with the stakeholders both at the global and country levels ensured good supporting evidence for the main conclusions. Indeed, the Stakeholder Workshop on the Draft Final Report revealed that there were very few comments on the main conclusions. Most of the discussion focused on the implications of the findings, and the recommendations for the future.

11 Quality and objectivity of the Report

15. The Evaluation was carried out by a highly qualified team of professional evaluators. The Final Report is a clear document which, given the broad scope of the Evaluation and the brief format, is adequately concise and focused. The analysis provided is very good, and the conclusions flow logically from the assessments made. Where quantitative data were lacking, sound qualitative judgements have been made. The participatory process has given the Cosponsors of UNAIDS and other stakeholders the opportunity to give suggestions and comments on the methodology and the conclusions and recommendations of the Evaluation. The Evaluation Team has been open to input, while also keeping its professional distance to specific interests and views.

16. The Report has found a good balance between presenting the results of the past five years of UNAIDS, and being future-looking. The 29 recommendations are highly relevant and well focused. They include a proposed reformulation of the ECOSOC objectives, concrete suggestions for improved global and country-level governance mechanisms, and a recommendation for MERG to develop a programme of evaluation studies as building blocks for a 2nd Five-Year evaluation of UNAIDS. They clearly identify which organizational entity should take on the responsibility for each of the recommendations – nearly all are directed at the PCB, the client of the Evaluation.

12 C. Recommended follow-up actions

17. One of the major objectives of the Stakeholder Workshop on the Draft Final Report was to “seek views on how to follow-up on the findings and recommendations of the Evaluation”. The results of the workshop and the additional initiatives from UNAIDS has set in place a consultation process leading to the PCB discussion of Evaluation findings at its meeting on 11-12 December 2002. The agreed expected outcomes of the meeting, or subsequent meetings as necessary, are: i) a revised set of objectives, functions, and programmatic directions, informed by the Evaluation, to guide UNAIDS for the next 5 years; and ii) requests to the Secretariat, the Co-Sponsors, and other appropriate bodies to proceed with implementation planning. The ESP understands that the planning should include expected outcomes and timeframes for the implementation process.
18. Wide dissemination of the Evaluation Report is important so it can reach different groups of stakeholders. It is of particular importance to invite the national authorities and other stakeholders at country level to use the report to discuss and, if possible, improve local arrangements so that the response to HIV/AIDS becomes more effective. The recognition that “no suit fits all” means that different arrangements must be found in different country contexts within the global framework. NGOs and local communities as well as men and women living with HIV/AIDS have special contributions to make to an effective response to the epidemic.
19. Given the importance of the OECD donors in setting up UNAIDS and their growing role in supporting the implementation of comprehensive HIV/AIDS policies and programs at the country level, the ESP recommends that the PCB engage bilateral donors in discussion of the conclusions and recommendations of the Evaluation, and the implications for future support to UNAIDS at the global, inter-country and national level.
20. With these steps, the ESP believes that the PCB can assure appropriate follow-up action to this important Evaluation.

Annex 3



Executive Director

Reference: KC/JMS/EM/mtb

His Excellency
Mr Luis Filipe Pereira
Chair, UNAIDS Programme
Coordinating Board
c/o Ministry of Health
Av João Crisóstomo #9
1649 – 062 Lisbon
Portugal

11 November 2002

Excellency,

On behalf of the UNAIDS Secretariat and the Cosponsoring Organizations I should like to take this opportunity to thank the Evaluation Team (ET), the Evaluation Supervisory Panel (ESP) and the Management Support Team (MST) for their hard work in the completion of the Final Report of the Five-Year Evaluation of UNAIDS.

UNAIDS welcomes this report and acknowledges the many positive elements, such as its broad-based approach, transparency, methods and approaches, and the wealth of supporting documents.

As you are aware, the Monitoring and Evaluation Reference Group (MERG) has already provided its views on the overall process, methods and evidence base for recommendations, both at the recent Stakeholders' Workshop and in writing, and we are happy to note that many of the MERG comments are reflected in the Final Report.

The UNAIDS Cosponsors and the Secretariat welcomed the opportunities to participate in the Stakeholders' Workshop and to provide further written comments beyond those which were included in the consolidated comments of the Working Groups from that Workshop. We also appreciate the effort that the Evaluation Team has made in weighing those comments and reflecting many of them in the Final Report.

Overall, we find that we are in agreement with the overarching conclusions of the report that:

- the period ended with clear evidence of global commitment, politically and bureaucratically;
- a clear global mandate has been established with objectives that can be used to hold international leaders to account; and that
- during its first five years the Programme has established itself as a leader in tackling HIV/AIDS, and a centre of knowledge about the disease.

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cc: Dr Euclides Castilho, Evaluation Supervisory Panel Chair
Mr Derek Poate, Evaluation Team Leader

Our major preoccupation remains how to strengthen the national programmes that adequately address the main challenges addressed in the Report, namely, rapidly moving the response to the epidemic to scale at country level.

The 29 recommendations of the Evaluation Team provide a valuable framework for our further consultations within the Programme, with the broader UN system, and with national and international partners on the Evaluation Report. Drawing from these consultations, we will submit to the Programme Coordinating Board (PCB) our recommendations in response to the findings of the evaluation.

We appreciate the major challenge the Evaluation Team, the Evaluation Supervisory Panel, and the Management Support Team have faced during this complex undertaking and acknowledge the important role the Evaluation Report will serve in the upcoming PCB discussions and beyond in focusing our attention on the improvements to be made in the Programme over the months and years ahead.

Please accept, Excellency, the assurance of my highest consideration.

A handwritten signature in black ink, appearing to read 'P. Piot', with a stylized, cursive script.

Dr Peter Piot